

TOWN OF WATERTOWN  
BUSINESS PARKING PERMIT



**Return completed form to:**  
Office of the Parking Clerk  
149 Main Street  
Watertown, MA 02472

One completed form per permit:

**Business Information**

*Please Print*

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employee Name: \_\_\_\_\_

**Vehicle Information**

*Please Print*

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Plate Number: \_\_\_\_\_

For use by Parking Office:

Permit # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Lot: \_\_\_\_\_