setts		SHO	RT-TERM	
	APPLICATION for short-term vehicle or pod permit			
	To <u>Ac</u>	cessPermits@Mas	sMail.State.MA.US	
[Applic	cations that include pa	rking require subn	nission at least 6 days	s prior to permit date
	*** Please ATTACH d	ocumentation for ad	ditional vehicles or poo	ds as required ***
Applicant:	Tel:			
	nail address:			
	location:			
	nearest cross street:			
	FO OF VEHICLE OWN			Tal
				I el
ΡΕΚΜΙΤ:	\square PARKING \square]	$MOVING \ \square AC$	$CCESS \square POD$	
PURPOSE:				
	START day	date:	//	Time:
	END day	date:	//	Time:
VEHICLE:	Make	Model	Reg pl	ate:
	Length	Height	Width	_ Weight
POD:	Length	Width	OTHER:	
		Date of	this application:	/ /
use policies ar	Director will review you nd procedures. Each PL. ht factors, payable to De	ACARD issued requ	ires \$100 per vehicle o vation & Recreation [D	r Pod, per day, based o OCR].
	<mark>d credit card payment n</mark> MassMail.State.MA.US	nay be submitted OR		
<mark>k, payable to D</mark> rtment Of Conse	CR, with Application M ervation And Recreation P			3-digit code:
way Street, Bos ions and Inquiri			Billing address #	Zip:
-	7-626-1297 Sean Grant	617-626-1490	Date PAID /	1