

CITY OF BOSTON



PCA Parking Permit Program

PERSONAL CARE ATTENDANT (PCA) AGREEMENT

RETURN COMPLETED AGREEMENTS TO:

Mayor's Commission for Persons with Disabilities

Boston City Hall, One City Hall Square – Room 967, Boston, MA 02201

Phone: 617-635-3682 Fax: 617-635-2726 TTY: 617-635-2541

INSTRUCTIONS:

This PCA Agreement must be filled out by each PCA who will be using the Parking Permit while working for their employer (Disabled Resident).

Today's Date: _____

PCA Last Name _____ PCA First Name _____

Year/Make of Vehicle _____ License Plate # _____

Phone: _____ E-mail: _____

Personal Care Attendant (PCA) Agreement

I, _____, am a Personal Care Attendant (PCA) employed by
Name of PCA/Employee

_____. I agree to use the PCA Parking Permit ONLY during shifts
Name of Disabled Resident/Employer

when I travel by car to work at my employer's residence, at _____,
House Number, Street Name, Neighborhood

I agree to adhere to the PCA Parking Permit Program Rules & Regulations and will not duplicate or misuse the Parking Permit in any manner. I understand that the PCA Parking Permit Program is not governed or mandated by any federal, state, or city laws/ordinances and that the City's Disability Commissioner has the ultimate authority to approve, deny or revoke use of Permit if misuse is found.

PCA Signature

Date

Office Use Only: PERMIT # _____ Staff Initials: _____ Date _____