**Cambridge Community Garden Program**

**Garden Plot Application**

Instructions: Please complete this form and return to the address or email below.

Cambridge Community Garden Program

c/o Jennifer Letourneau

147 Hampshire Street

Cambridge, Massachusetts 02139

communitygardens@cambridgema.gov

Required Information:

First and Last Name:

Full Address including Zip Code (MUST BE A CURRENT CAMBRIDGE RESIDENT):

E-mail Address:

Preferred Phone Number:

Community Gardens of Interest (top 3 choices):

1.
2.
3.

Check all that apply:

* I do **not** have any gardening space associated with my residence.
* I am interested in having an accessible garden plot. Upon request by the City, I agree to provide medical documentation that my disability results in the need for an accessible garden plot.
* I am interested in being the Garden Coordinator (call 617-349-4680 for information).

*I have read and agree to follow the City of Cambridge Community Garden Program Policy for City-Owned Property, as currently revised in 2015. Insert Hyperlink*

Signature: Date: