

Maverick Street Gate Access Card Application Form

NAME: _____

ADDRESS: _____

HOME TELEPHONE #: _____

*WORK OR CELL PHONE #: _____

*EMAIL ADDRESS: _____

*Optional Information

VEHICLE REGISTRATION

1. _____
Owner's Name Make/Model Year Plate #

2. _____
Owner's Name Make/Model Year Plate #

3. _____
Owner's Name Make/Model Year Plate #

Signature of person submitting form Date

Return completed application, vehicle registration and proof of residency to:

**Massachusetts Port Authority
Office of Government & Community Affairs
One Harborside Drive
East Boston, MA 02128**

Attn: Maverick Street Gate

**CALL THE MAVERICK STREET GATE MESSAGE CENTER AT
617-568-3718 WITH ANY QUESTIONS.**

