



PARKING METER RENTAL REQUEST FORM

Organization: _____ Phone: _____

Requested by: _____ Date: _____

Billing Address: _____
City State Zip

**PLEASE NOTE: YOU WILL BE BILLED FOR PARKING METER RENTAL*

*Purpose for utilizing parking meters: _____

Block	Street	Side of Street	Parking meter #'s							
1.										
2.										
3.										
4.										
5.										

Start Date: _____ End Date: _____

Start Time: _____ End Time: _____

For Official Use Only

Meter Days: _____ X # Meters: _____ X Daily Fee \$6.00 \$ _____ 8.25%
 N/C _____ Bill _____ Taxes \$ _____ Sub
 Other explain _____ Total \$ _____ Permit
 Fee \$ 20.00

Approved By: _____ Total = \$ _____ Date

_____ Account # _____ Billed _____

Bagged

Unbagged

Date: _____

Date: _____

Time: _____

Time: _____

**If a vehicle is parked prior to the parking meter being bagged (add vehicle information below)*

**Vehicle license plate number:*

Initials: _____

Initials: _____

**CITY OF FORT WORTH
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