



PARKING METER RENTAL REQUEST FORM

Organization: _____ Phone: _____

Requested by: _____ Date: _____

Billing Address: _____
City State Zip

*Purpose for utilizing parking meters: _____

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

Service Dates: _____ until _____

Service Times: _____ until _____

For Official Use Only

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

Approved By: _____ Total = \$ _____

Invoice # _____ Account # _____ Date Billed _____

Bagged

Unbagged

Date:	Date:
Time:	Time:
Initials:	Initials:

TRANSPORTATION & PUBLIC WORKS DEPARTMENT
 STREET MANAGEMENT SECTION
 311 W. 10TH STREET
 FORT WORTH, TX 76102
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