PARKING METER RENTAL REQUEST FORM

Organization: _____ **Phone:** _____

Requested by: _____ **Date:** _____

Address: _____

City **State** **Zip**

***Purpose for utilizing parking meters:** _____

(Parking meters may be rented for construction related activities or in conjunction with an outdoor event permit.)

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

Start Date: _____ **End Date:** _____

Start Time: _____ **End Time:** _____

Authorized Signature: _____**Date:** _____

PLEASE NOTE: PAYMENT IS REQUIRED WITH APPLICATION

Meter Days: # _____ **Meters: #** _____

Daily Fee $6.00 **$**_____

+ 8.25% Taxes **$**_____

Sub Total **$**_____

CHECK # _____

CREDIT CARD #_____

NAME ON CARD_____

TOTAL DUE **$**_____

EXPIRATION DATE_____ **CVS CODE**_____

ESCROW ACCT: _____**Yes** _____**No**

For Office Use only

Date Bagged: **Initials:**	**Date Bag Removed:** **Initials:**
Time:	**Time:**

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

***Vehicle license plate number*:**	Approval Code: _____ Initiated by: _____

Received: _____Approved: _____ Routed to Meter Shop _____Date Bagged _____ Bag Removed_____

PMR72011

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