



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 \$ _____
 N/C _____ 8.25% Taxes \$ _____
 Bill _____ Sub Total \$ _____
 Other explain _____ Permit Fee \$ 20.00

Approved By: _____ Total = \$ _____

Invoice # _____ Account # _____ Date Billed _____

Bagged

Unbagged

Date:	Date:
Time:	Time:
<i>*If a vehicle is parked prior to the parking meter being bagged (add vehicle information below)</i>	
<i>*Vehicle license plate number:</i>	
Initials:	Initials:

CITY OF FORT WORTH
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