



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: _____

PAYMENT IS REQUIRED WITH APPLICATION

Meter days: _____ X # Spaces: _____ X Daily fee \$15.00 \$ _____
 Check # _____ + 8.25% Sales Tax \$ _____
 Credit card # _____ Sub total \$ \$ -
 Expiration date _____ + Permit fee \$ 20.00
 Name on Card _____ Expedite fee \$ 100.00
 (requests inside 48 hours)
 = Total Amount Due \$ _____

For Official Use Only

BAGGED Date:	UNBAGGED 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:
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Approval code: Permit Center Staff:

CITY OF FORT WORTH
PLANNING & DEVELOPMENT OFFICE
 200 TEXAS STREET
 FORT WORTH, TX 76102
 PH# (817) 392-6594 FX# (817) 392-8941
 EMAIL: devcustomerservice@fortworthtexas.gov