PARC
PARKING AUTHORITY OF RIVER CITY

METER BAGGING REQUEST FORM

211 WEST MUHAMMAD ALI BLVD. // LOUISVILLE, KY 40202 // (502) 574-3817 // FAX (502) 574-4029

Contact Information

Company Name:_____ City:_____ State:_____ Zip:_____

Contact Name:_____ Street Address:_____

Phone Number:_____ Fax Number:_____ E-mail Address:_____

Meter Bagging Information

(request must be received by 4:00 p.m. of the business day preceding your Beginning Bagging Date.)

Street Name:_____ Block Number:_____
(Street meters are located) (Block meters are located)

Meter Numbers:_____
(List all meter numbers to be bagged to insure bagging.)

_____

_____

Beginning Bagging Date:_____
(First day meters should be bagged)

Ending Bagging Date:_____
(Last day meters should be bagged)

Bagging Removal Date:_____
(Meter bags are removed on the morning following the Ending Bagging Date.)

Verifying Information

Public Works Permit #:_____
(Permit # showing that permission has been received to bag meters)

Job #_____
(optional)

Work Order #_____
(optional)

Patron's Signature:_____
(By signing, patron acknowledges all information is accurate and accepts responsibility for charges incurred.)

Date:_____

Office Use Only

Single Meters:_____ x 1 = # Spaces:_____

Double Meters:_____ x 2 = # Spaces:_____

Total Spaces:_____

Total Spaces:_____ x $_____ = _____ x _____ = $_____
(rate) (Number of Days)

Total Spaces:_____ x $_____ = _____ x _____ = $_____
(rate) (Number of Days)

Total Spaces:_____ x $_____ = _____ x _____ = $_____
(rate) (Number of Days)

Invoice #_____

Total Invoice: $_____

Payment

Credit Card Type: MC/VISA/AM.EXP./DISCOVER

Name:_____

Credit Card #:_____

3 or 4 digit code:_____Exp. Date:_____

Payment made by:
(Circle One)

Check #:_____ Credit Card Cash

Clerk:_____ Date:_____