PARC
PARKING AUTHORITY OF RIVER CITY

METER BAGGING REQUEST FORM

222 S. First St., Suite 400 // LOUISVILLE, KY 40202 // (502) 574-3817 // FAX (502) 589-5114

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:_____ Ending Bagging Date:_____ Bagging Removal Date:_____
(First day meters should be bagged) (Last day meters should be bagged) (Meter bags are removed on the morning following the Ending Bagging Date.)

Verifying Information

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

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