



City of Orlando Parking Division
53 West Central Blvd., Orlando, Florida, 32801
Phone: (407)246-2155 Fax (407) 246-4130

Application for Meter Rentals

Date \_\_\_\_\_

Name of Applicant/Company \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Meter Location(s) \_\_\_\_\_

Meter Number(s) \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Purpose of Meter Rental Request

\_\_\_\_\_ Construction \_\_\_\_\_ Load/Unload \_\_\_\_\_ Moving \_\_\_\_\_ Miscellaneous

Payment Method

\_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card (in person) \_\_\_\_\_ Credit Card (by fax)\*

Must submit front and back copies of Credit Card (by fax)\* M/C, Visa & Discover accepted

Name on Credit Card \_\_\_\_\_ Type \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby certify the above information is true, correct and complete as of the date of this submittal. It is understood that if any information should change that I shall amend or supplement this application within five business days of the change.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parking Division Representative \_\_\_\_\_ Date \_\_\_\_\_