PARK HARRISBURG

MANAGED BY SP + MUNICIPAL SERVICES

REQUEST FOR METERED SPACES

Date of Request: _____

(Must be at least 1 full business day prior to date needed).

Date(s) Needed: From _____ To _____

(leave blank for billed accounts)

Reason Requested: _____

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Meter Location(s): _____

_____

_____

_____

_____

days: _____ *(leave blank for billed accounts)*

spaces: _____

Rate per space: _____

Total due: _____ *(leave blank for billed accounts)*

SIGNS are **Property** of **SP Plus**

DO NOT REMOVE FROM POSTED LOCATION

Authorized Signature: _____ CSR initials/Date: _____

OFFICE USE ONLY:

PREPAYMENTS

Total # days: _____

Total # spaces _____

Rate per space: _____

Total due: _____

Method of payment: _____

CSR initials/Date rec'd: _____

(make copy of completed form to go with daily cash drawer)

Date / Time / Initials

Placement: _____

Removal: _____

BILLED ACCOUNT #: _____

	# days	# spaces	Rate/space	TOTAL	Initials
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
JUL					
AUG					
SEP					
OCT					
NOV					
DEC					