



PARKING REGISTRATION FORM

PARKING LOCATION: _____

DATE SOLD: ____/____/____ FOR: MONTH _____ YEAR _____ PRICE _____ (Refer to location fee below)

PLEASE READ & COMPLETE THIS APPLICATION AND RETURN WITH PAYMENT:

Mail to: Chicago Parking Meters
Post Office Box 81620
Chicago, Illinois 60681

Question For additional information call (773) 935-8532, between 9a-3p

Application must be legible and completed in its entirety

Parker is responsible for confirming proper mailing address is listed below for delivery

DRIVER INFORMATION (REQUIRED INFORMATION)

LAST NAME _____ FIRST NAME _____ COMPANY, STE. # _____

ADDRESS _____ APT OR BOX # _____ CITY / STATE _____ ZIP _____

BUSINESS / DAYTIME NO. _____ EMAIL _____ EVENING NO. _____

VEHICLE INFORMATION

STATE / LICENSE PLATE # _____ MAKE / YEAR / MODEL _____ COLOR _____

PAYMENT

- In the form of **Check or Money Order Only**, payable to **Chicago Parking Meters**
- Full payment required for all monthly hang tags purchased, no exceptions for partial month
- \$25 fee for all returned checks

MONTHLY PARKING LOCATIONS

	FEE	SPACES
1530 W. Barry	\$85	51
1635 W. Melrose	\$85	45
1752 W. 95th St.	\$40	31
1835 W. 95th St.	\$40	95
1938 W. Monterrey	\$40	140
2630 N. Emmett	\$75	111
3120 N. Greenview	\$85	65
4050 N. LaPorte	\$40	108

TERMS OF AGREEMENT

- Monthly hang tags may be purchased 20 days prior to the start of the month.
- Parking allowed 24 hours Monday thru Friday
- Please allow 10 business days to receive monthly hang tag by mail.
- Chicago Parking Meters is not responsible for lost mail
- We reserve the right to refuse service

NOTE: Parking is based on availability per City Ordinance 9-64-208 Monthly Parking for City Parking Lots which states, that parking in the lots is based upon availability even for monthly parkers

PASS HOLDER SIGNATURE X _____

DATE ____/____/____

LAZ Parking/Chicago Parking Meters reserves the right to terminate or refuse parking to any individual for any reason it deems appropriate. LAZ Parking/Chicago Parking Meters shall not be obligated to replace any hangtag that becomes lost, stolen, or damaged. Monthly pass holder has read the rules and regulations for the parking facility and understands and agrees to its contents.

OFFICE USE ONLY

PASS # _____ DATE MAILED ____/____/____ CHECK # _____ EMPLOYEE INITIALS _____