



Terence J. Ryan  
Parking Director

## Restaurant Relief Program

### METER BAG REQUEST FORM

DATE: \_\_\_\_\_ initials: \_\_\_\_\_

RESTURANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

LOCATION OF BAG \_\_\_\_\_

BAG #' \_\_\_\_\_ **N/A** \_\_\_\_\_

\*DATE(S) NEEDED: \_\_\_\_\_ **No Longer than City/State Restrictions are in place** \_\_\_\_\_

TIME OF DAY BEING USED: \_\_\_\_\_ **Normal hours of operation** \_\_\_\_\_

SIGNATURE of Restaurant Contact:

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