



PARKING TAX REGISTRATION FORM

626 State St Room 307 Erie PA 16501-1128

(814) 870-1438

OPERATOR'S NAME _____

TRADE NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE (_____) _____

PARKING LOT / GARAGE LOCATION _____

MAXIMUM VEHICLE CAPACITY _____

NUMBER OF FREE SPACES _____

- TYPE SURFACE LOT MANUALLY ISSUED TICKETS
 GARAGE AUTOMATIC TICKET-SPITTER
 LEASED SPACES COMPUTERIZED REPORTING

HOURLY RATES

0 - 1 \$ ____ . ____

1 - 2 \$ ____ . ____

2 - 3 \$ ____ . ____

3 - 4 \$ ____ . ____

4 - 5 \$ ____ . ____

5 - 6 \$ ____ . ____

6 - 7 \$ ____ . ____

7 - 8 \$ ____ . ____

8+ \$ ____ . ____

FIXED RATES

FIXED/FLAT \$ ____ . ____

EARLY BIRD \$ ____ . ____

NIGHT RATE \$ ____ . ____

WEEKEND RATES

SATURDAY \$ ____ . ____

SUNDAY \$ ____ . ____

LEASE RATES

WEEKLY \$ ____ . ____

MONTHLY \$ ____ . ____

SPECIAL EVENT \$ ____ . ____

City ID No _____

Federal ID _____

SOC SEC # _____

Lot Location _____

Use the reverse side to draw or attach a draft schematic of the lot/garage perimeters, which indicates all entrances/exits and streets boarding the lot/garage.

Signature _____

Date _____

Phone () _____

PLEASE RETURN COMPLETED FORM AND DRAWINGS TO:

ATTN: SUSAN M LEFAIVER
FINANCE DEPARTMENT
CITY OF ERIE
626 STATE ST RM 307
ERIE PA 16501-1128