



**CITY OF FALL RIVER
TRAFFIC & PARKING DIVISION
1 Government Center, Room 324
Fall River, MA 02722
(508) 324-2577**

**O G V G T ' Q E E W R C P E G ' R G T O K V ''
K U W C P E G ' Q H ' R G T O K V**

Provide the following information (please print):

Date: _____

Business/Name: _____

Address: _____

CONTACT INFORMATION:

Name: _____

Address: _____

City, State, Zip: _____

REASON FOR REQUEST:

Meter #(s): _____ **No. of Meter Spaces:** _____

Meter Location: _____

Total Days: _____ **Sector#:** _____ **Amount Paid: \$** _____

Issued and Approved By: _____

**Laura Ferreira
Director of Traffic & Parking**