



BOROUGH OF APOLLO

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APPLICATION FOR PARKING METER RESERVATION

Time Period: _____

Name of Business/Organization: _____

Address: _____ Phone No. (____) _____

Owner of Business/Responsible Party: _____

_____ Number of single parking meters requested

_____ Number of double parking meters requested

Please draw a sketch of the location of the meter(s) you are requesting to reserve noting the location of your property.

The cost of the initial meter reservation sign(s) will be the responsibility of the applicant. Signs may be ordered through the Apollo Borough Department of Public Works. Apollo Borough reserves the right to provide the wording for the meter reservation sign.

FOR OFFICIAL USE ONLY

FEE PAID: _____ CHECK NO.: _____ DATE PAID: ____/____/____

FEE RECEIVED BY: _____