



City of Billings
Parking Division
Finance Department
PO Box 1178
Billings MT 59103



SPECIAL PARKING APPLICATION

Date: _____

No. _____

1. Name: _____
Firm Name: _____
2. Address: _____
3. Telephone: _____
4. Zone Request Data:

- A. Type of Zone Requested:
- | | |
|-----------------------------------|------------------------------|
| _____ 10-Minute Parking | _____ Handicapped Parking |
| _____ 2-Hour Parking | _____ Letter/Postal Drop Box |
| _____ Commercial Loading Zone | _____ Other (describe) _____ |
| _____ Passenger Loading/Unloading | _____ |

- B. Hours restriction will apply:
- | | | |
|---------------|--------------------|--------------------------|
| _____ 24-Hour | _____ 6 AM to 6 PM | _____ Other (list) _____ |
| _____ | | |

- C. Exact Location of Zone _____
(Attach sketch if desired)

- D. Length of Zone _____

5. Give specific reasons why zone is needed: _____

6. Please list all neighbors in block and have them sign this application and state if they approve or oppose the request. Applications affecting two or fewer parking spaces need sign-offs from your side of the street only. Applications involving three or more spaces need sign-offs from both sides of the street. Attach additional sheets if necessary.

Name	Address	Signature	For	Against

The applicant hereby agrees to pay the cost of labor and materials for implementing this zone and will be notified prior to installation of the zone if costs will exceed \$100. Said fees are non-refundable. The City is the sole owner of all signs, poles and other materials installed.

Signed: _____
(Applicant)