



Department of Transportation Parking Meter Requisition Form

Parking Planning & Policy Group

PLEASE PRINT ALL INFORMATION

Email Form To: ParkingMeters@dot.nyc.gov

Requesters Name: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

PARKING METER REQUEST DETAILS

Request type: Removal - Relocation - Space Loss - FYI -

Total number of Parking Meters affected: _____

Meter Number(s): Required for removals or relocations only.

House No. _____

On Street: _____

From Street: _____

To Street: _____

Park NYC Zone No. _____

There is a \$500 non-refundable Administration Fee, per parking meter. This fee covers the removal and reinstallation of the meter.

*Park NYC Zone No. is located on the first and/or last sign support of each block front.

*Meter No. is located above the payment interface, on the front of the meter.



Job Description:

City Project ID: _____

Lead Agency: _____

Project Start Date: _____

Anticipated Completion Date: _____

Please note: Allow a minimum of at least 10 business days after approval for meter removal/relocation to occur.

DOT OFFICIAL USE ONLY

Ver. 5/22

OCMC		Parking	
Comments:		Comments:	
OCMC Approval:		Parking Approval:	
Date:		Date:	