



CITY OF BROOK PARK  
DEPARTMENT OF TAXATION



6161 ENGLE RD BROOK PARK, OH 44142

# TRANSIENT PARKING LICENSE FEE

Name \_\_\_\_\_

Address \_\_\_\_\_

Account No. \_\_\_\_\_

Federal Identification No. \_\_\_\_\_

Number of parking spaces \_\_\_\_\_

Number of storage spaces \_\_\_\_\_

Total Spaces \_\_\_\_\_

\$125.00

Subtotal \_\_\_\_\_

Monthly Installment \_\_\_\_\_

TOTAL ENCLOSED \$ \_\_\_\_\_

(DUE ON OR BEFORE THE 20<sup>TH</sup> OF EVERY MONTH)

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_