



424 N. Sappington Road Glendale, Missouri 63122 (314) 965-3600 fax (314) 965-4772

REQUEST FOR TEMPORARY NO PARKING SIGNS

ONE WEEK NOTICE IS REQUIRED FOR ALL "NO PARKING" SIGNS

Please Print Legibly

Name of Requester: _____ Address: _____

Best Phone Number: _____ Date of Event: _____

Reason for Request: _____ Return Date: _____

Address where signs are to be posted: (check here if same as above)

By signing this form I agree to provide to the City of Glendale a \$25.00 **cash/check** deposit that will be refunded to me at the time of return. I also understand that I will be notified of the number of signs posted and that \$5.00 will be subtracted from my deposit for each missing sign and wooden stake at the time of return.

Signature: _____ Date: _____

Cc: Police Dept.

Office use only

Deposit Collected By: _____ Signature: _____ Date: _____

Number of Signs Posted by PW: _____ Number of Signs Returned: _____ Date Returned: _____

Deposit Refund Amount: _____

Detach below this line and give to requestor at time of request.

Deposit Slip

Requestor's Name: _____ Address: _____

Authorized Signature: _____ Date: _____

Bring this slip with you along with the signs and wooden stakes in order for refund of deposit.