

City of Detroit Schedule Of Parking Lot Rates for

To:
Consumer Affairs Department
Business License Center, Room 105
Coleman A Young Municipal Center
Detroit, MI. 48226

From: _____
Business Owner _____
Mailing Address _____
City/State _____ Zip _____
() _____
Phone # _____

ADDRESS OF LICENSED LOT: _____

TRADE/BUSINESS NAME: _____

Please fill in the rates below exactly as they will appear on your sign, per DETROIT CITY CODE, CHAPTER 39, Sec. 39-2-33.

	Weekday (Mon.-Fri.) Day Rate [6am/6pm]	Weekday (Mon.-Fri.) Eve Rate [6pm/6am]	Weekend (Sat.-Sun.) Day Rate [6am/6pm]	Weekend (Sat.-Sun.) Eve Rate [6pm/6am]	MAX DAILY RATE: [12am / 12pm]
Standard Rate					
Discount Rate					
Discount Rate					
Discount Rate					
Discount Rate					
Discount Rate					
Monthly Rate (if applicable)					

**You May Have More Than One Rate Or Discount Rate Within Each Of The Five (5) Time Periods.
No Charge Other Than The Rates Specified In This Rate Schedule Shall Be Made.**

Signature of Owner

Date

AFFIDAVIT

State of Michigan, County of Wayne

_____ first being duly sworn, deposes and says that he has read the foregoing rate schedule by him subscribed and that he knows the contents thereof, and that the same is true of his own knowledge and belief. Subscribed and sworn before me this _____ day of _____ 200____. My commission expires _____.

SIGNATURE OF OWNER

NOTARY PUBLIC SIGNATURE

Office Use Only: Police Precinct# _____

Date Received: _____

Dept. Signature: _____

Ca-20031106

