



CITY OF ASTORIA
1095 DUANE ST
ASTORIA, OR 97103
(503) 325-5821

PARKING BLOCK RENTAL

Date: _____

APPLICANT NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ # OF BLOCKS: _____

LOCATION: _____

PARKING BLOCK RENTAL

I have received the above listed item(s) from the City of Astoria on a rental basis. I have paid a deposit of \$30.00 per item. If the above listed item(s) are returned late or should become lost, stolen or damaged, the deposit will be applied to the additional rental fees and/or replacement costs of above item(s). I will be responsible for further payment if the balance owing is more than the amount of the deposit.

Replacement Fee: \$30.00

Date Rented: _____ Signature: _____

Date Returned: _____ Deposit Refunded (Circle One)? Yes No

For office use only

**** Before taking payment, make sure Occupational Tax has been paid for the current year ****

Date Paid: _____

Number of Blocks Paid For: _____

Amount Paid: _____

Receipt #: _____