

WVMCCCD - EVENT PARKING REQUEST

**SUBMIT FORM TO THE OFFICE OF THE VICE PRESIDENT OF ADMINISTRATIVE SERVICES
NO LATER THAN 14 CALENDAR DAYS IN ADVANCE OF YOUR EVENT**

DO NOT ADVERTISE ANY PARKING ACCOMMODATIONS PRIOR TO RECEIVING APPROVAL

Indicate the type of fee-exempt parking you are requesting ± Select only one:

Paper Parking Permits | Electronic Permits | Parking Lot Fee Waiver

Please indicate the parking lot (s) you would like your guests to be able to use:

Mission - A B C D E West Valley 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Name: _____ Dept./Org: _____

Phone# _____ Email Address: _____

Event Day Contact Name _____ Phone # _____

EVENT INFORMATION :

Event date: _____ Event day: _____ Event start time: _____ Event end time: _____

Preferred lot waiver start time: _____ Preferred lot waiver end time _____

Event title: _____ Estimated # of guest vehicles _____

Event location: _____ Estimated attendance at any time: _____

Event description: _____ Estimated total attendance _____

The group/organization is: part of the college, district, or district foundation external for-profit external non-profit

Attendees to receive permits by: E-mail or Mail | Attendance is open to the public

PS

USE ONLY

Date Received: _____		Received by: _____	
Internal Waiver External Waiver, College Sponsored Rental Approved Denied			
Signature of the Vice President of Administrative Services _____		Date _____	
Request denied- Date request notified: _____		Total parking rental fee charged \$ _____	
Notes: _____			

P.D. USE ONLY

Date Received: _____		Received by: _____	
Received within 14 day deadline Yes No Request approved Date requestor notified _____			
Rental fee received? Date fee transferred/deposited to Parking Fund _____			