

WVMCCD - 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 T.C.

REQUESTOR'S CONTACT INFORMATION:

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 one 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

Provide justification for all fee waiver requests: _____

V.P.A.S. 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 requestor 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: _____