

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

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 _____