

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 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200

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 <input type="checkbox"/>		External Waiver, College Sponsored <input type="checkbox"/>	
Rental <input type="checkbox"/>		Approved <input type="checkbox"/>	
Denied <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>		Request approved Date requestor notified _____	
Rental fee received? <input type="checkbox"/>		Date fee transferred/deposited Parking Fund _____	