WVMCCD - EVENT PARKING REQUEST

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: _____

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Received within 14 day deadline: Yes ☐ No ☐   Request approved - Date requestor notified: _____

Rental fee received? ☐   Date fee transferred/deposited to Parking Fund: _____   Rev. 1- 12/13