

PARKING SERVICES SPECIAL EVENTS REQUEST

Requests should be submitted AT LEAST ONE WEEK prior to event



Send this request by fax: 388-6441 or

e-mail: parking@sdccd.edu

Requested by: _____

Please Print – (Contact person must be district employee)

From: _____ / _____
(campus) (room #)

E-mail / phone ext: _____

Location/Campus of event: _____

Event Name: _____

Date _____ Time _____

Brief description of event: _____

Desired action:

No Permit Enforcement in lot(s) _____

Reserve # _____ spaces in lot _____

OR

_____ One-Day Staff permits Date on Permits: _____
(# of permits) specific date of event

_____ *Temporary Staff permits Dates on Permits: _____
(# of permits) *Blank temporary permits will not be issued. Specific date(s) **REQUIRED**

OFFICE USE ONLY

Request confirmed or filled by: _____ on _____

Instructions and log sheets included with permits

Permit #'s: _____ to _____

Total permits sent: _____

_____ to _____