Event Parking Request Form

alifornia University of Pennsylvania	Department of Parking and Transportation	Manderino Li	brary 123 (724) 938-4677	
Request Date:	*Requestor		*Contact Name:	
			Person who can be reached the day of the event.	
*Department/Organization:	*Phone:	*Ema	il:	
*Cost Center: Requested permits for lots other than the garage will be charged a flat rate of \$5 per permit per <u>DAY</u> requested usage. Example: 10 permit's for Weds. All semester \$5 x 10 (# of permits requested) x 14 weeks =\$700.00.	*Event Title:			
*Event Date:	*Request:			
*Start Time: *End Time:	*Parking Resources: Temp Directional Signage to parking: Traffic Control: *Will you be charging for this Event? Student, Organization/Association Will you be mailing information in advance of Do you need an electronic copy of the parking	Y Department f this event? Date o	_N nt, Community,Recruitment of Mailing:	
*Event Location(s):			*Estimated Number of vehicles or estimated number of attendees.	
LICE ONLY	irned for completion.	Ву:		
Approval:			our request at least 3 weeks in advance.	
Director of Parking and Transpo		Note: Maximum height for Garage parking is 8'2"		