



CAL STATE LA

PARKING & TRANSPORTATION SERVICES

Overnight Parking Request

Vehicle & Driver Information

License Plate	State	Year	Make	Model	Color
Driver Last Name			Driver First Name		M.I.
Contact/Cell Number		Alternate Name & Contact Number			

Location & Reason

Date(s) Vehicle Will be Parked Overnight	Type of Parking Permit Displayed	Parking Permit Number
Location Parked		
Reason for Overnight Parking Request		

Disclaimer

I hereby certify that I will abide by the parking regulations set forth by Cal State LA Parking Services. I understand Cal State LA parking Facilities are not intended for use as storage (UAP 402) and that an exception is being made based on the circumstances noted on this form. The university hereby declares itself not responsible for and assumes no liability arising from fire, theft, vehicles parked multiple days, damage to or loss of the vehicle or any items left therein. The university reserves the right to remove and/or temporarily relocate a vehicle, and/or impound abandoned vehicles at owner's expense when not adhering to this agreement. C.V.C 21113(a)

Signature _____

Date _____

For Office Use Only

Received By	Date	Watch Commander	Date	Approved	Not Approved
				<input type="checkbox"/>	<input type="checkbox"/>
Notes					