



Event Parking Request

The Event Parking Request Form must be submitted to Parking Services **14 calendar days** prior to the date of the event

Event Name			Date of Request	
Department or Sponsor		Contact Person		Extension
Date of Event	Begin Time	End Time	Location of Event	
Number of Attendees	Parking Attendant Requested Yes _____ No _____ Time _____ to _____		Number of Permits*	Desired Parking Lot
Department or Sponsor to distribute permits Yes _____ No _____			Charge Back Acct Number	

Signage

Sign Type and cost per sign*	Quantity	Sign Text Note: Please be specific. All signs subject to review.
Black/White \$15		
Color logo only \$18		
Complete color \$20		
Electronic Marquee \$20 (displayed 1-7days as requested)		

Guests

(For additional guests please attach a list)

First and Last Name	First and Last Name
First and Last Name	First and Last Name
First and Last Name	First and Last Name

Special Description or Notes:

Please complete this form and submit via email to Parking@CalStateLA.edu
Parking Services will send you a confirmation of receipt of form within three business days.
You may also be contacted regarding questions about this form.

For questions please call (323)343-3704

***A 7.5% administrative fee will be added to the total cost.**

Department of Public Safety/Welcome Center
5151 State University Dr. Los Angeles, CA 90032-8560
Phone (323) 343-3704 Fax (323)343-6475

Office Use Only: Parking Waiver <input type="checkbox"/>
