

# COLUMBUS STATE

COMMUNITY COLLEGE

## Parking Waiver Request

*This form is for CSCC employees who wish to request free or reserve spaces for external guests/groups coming to campus.*

Requestor's Name:

Department:

Email:

Phone Number:

Name of Guest(s)/Event:

Nature of Request:

*(If reserved space is selected, please include location)*

Date of Visit:

Number of Vehicles:

Start Time:

End Time:

Rationale for Request:

### Signatures

Requestor's Signature

Date

Cabinet Member's Signature

Date

Please email completed form to [parking@csc.edu](mailto:parking@csc.edu) or by clicking

### FOR INTERNAL USE ONLY

Code:

Notes:

Number of codes provided:

Approximate cost: