## COMMUNITY COLLEGE

## **POLICE DEPARTMENT**

499 GROVE STREET ~ COLUMBUS, OH 43215 614-287-2525 ~ parking@cscc.edu

## **INTERNAL EVENT PARKING REQUEST**

To reserve parking for Columbus State sponsored event attendees, forward request to <a href="mailto:parking@cscc.edu">parking@cscc.edu</a>. Event parking requests should only be submitted when reserved parking is deemed necessary due to security needs, special access needs, loading/unloading of equipment, or the number of cars expected. Please do not over request space due to the impact to student/employee parking.

Requests must be submitted at least two (2) weeks prior to the event and sent to parking in the police department.

	REQUES	TING PERSON	
Print name		Title	Department
Email Address Event Contact Person		Telephone #	Telephone Number
Event Contact Person's Email			
	EVENT IN	IFORMATION	
Event Name		Event	Date
Event Start Time	AM PM	Event End Time	e AM PM
Location of Event			# of Attendees
Explain the reason for reserved park permit if provided to attendees):	ing and who will have acces	s to the reserved parki	ing spaces/lot ( <u>attach a copy of the visito</u>
	PARKIN	G REQUEST	
Number of Vehicles Expected:	Number of Space:	s: Lot	: Number: or
Number of signs required:	Number of cones	required:	First Choice Second Choice
Date signs/cones will be picked up:		d pick up time:	or
**Please note all signs and/co	nes must be returned to the		ce Second Choice Thin 24 hours of event ending.**
	REQUESTING DEPARTME	ENT HEAD/CHAIR APPR	ROVAL
NamePrint Clearly		Title	
Signature		Date	
	PD OI	FFICE USE	
Approving Signature	A	pprovedYES	NO Date
Requestor notification completed vi	a: Email Phone	Date Notified _	
Date Added to Event Calendar	F <sub>f</sub>	orm completed by	