

Reduced Parking Request

This form is to only be used by 501(3)(c) and Government agencies who wish to request reduced parking for their event. The reduced parking is a daily, flat rate of \$5 per vehicle.

Agency Name:		Phone Nu	Phone Number:	
Requestor's Name:		Email:	Email:	
Are you a 501(3)(c) or Government Agency?		Yes	No	
Name of Event:				
Location of Event:				
Date of Visit:	Start Time:	End Time:	Number of Vehicles:	
Number of Reserved Space(s) Needed:		Location of Reserved S	Location of Reserved Space(s):	
Rationale for Reserved Note: Reserved Space(s) a	re to be used for VIP Parking for e	external attendees, such as City C	Officials, Executives, etc.)	
Signatures Requestor's Signature	Date		ompleted form to <u>parking@csco</u> clicking the submit button.	.edu
	FOR IN	TERNAL USE ONLY		
Code:		Notes:		
Number of codes	provided:			
Approximate cost:				