



Special Event Parking Form

Date of Request: / / Parking Garages/Lots Requested: _____

Requested By: _____ Company Name _____ Division _____

_____ Contact Name _____ Phone Number _____ Email Address _____

Event Name: _____ # of Spaces Required: _____ Spaces
of Attendees: _____ Attendees

Event Date(s): _____ Event Start Time _____ a.m. p.m.
Event End Time: _____ a.m. p.m.

LAWA Sponsored Event? Yes No

Billing? Yes No

(if yes, credit card information must be provided prior to validation pickup)

If no, please provide justification for free parking:

↻ For LAWA Use Only ↻			
Validation Machine #	Validator Starting #	Validator Ending #	Net Total Tickets (Ending – Starting)
Estimated Value of Parking Validations	\$	Checked Out Date / /	Returned Date / /

LAWA Executive Approval (CEO or DED):

(print Name) Signature Title Date



Credit Card Info.

Name on Card: _____ Type of Card: **VISA** **AMEX** **MC** **Other** _____
(print Name)

Card # _____ Exp. _____ #’s on back of card: _____