



COLLEGE OF THE SEQUOIAS  
DISTRICT POLICE  
PARKING REQUEST FORM

Date: \_\_\_\_\_

**TO:**

Dept: College of the Sequoias Police Department

Phone: (559)730-3831

Fax: (559)730-3898

**FROM:**

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**COURTESY PARKING PERMIT**

Name of Guest: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Reason of Visit: \_\_\_\_\_

Check one: \_\_\_\_\_ dept will pick up permit

\_\_\_\_\_ Guest will pick up permit  
@ Campus Police Dept.

**RELAXED PARKING**

EVENT: \_\_\_\_\_

Date: \_\_\_\_\_

Lot(s) Requested: \_\_\_\_\_

Time of Event: \_\_\_\_\_ to \_\_\_\_\_

Approx # of Guests: \_\_\_\_\_

Please submit request for a courtesy parking permit at least **(2) days prior** to the guest's visit. For relaxed parking please submit request at least **(2) weeks prior** to the event to ensure sufficient time for your request to be processed. All requests will be reviewed by the administration, which will make the final decision.

**FOR OFFICE USE ONLY**

Approved \_\_\_\_ Denied \_\_\_\_ Initials \_\_\_\_ Date \_\_\_\_

Comments \_\_\_\_\_