



**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 _____