



Parking & Transportation Services

OFFICE USE ONLY

Date: _____

Time: _____

Garage or Lot: _____

Number of Reserved Spaces: _____

Department Reservation, Request & Notification of Event Form

Department Name: _____ Date of Request: _____

Contact Person: _____ Phone: _____ Fax: _____

Department Parking Reservation Request (department will be charged for all spaces reserved)

Name of Event: _____ Date of Event: _____

Purpose of Event: _____ Payment: _____

Account Number – Required

Time Arriving or Start of Event: _____ Time Leaving or End of Event: _____

Location of Event: _____ Number of Spaces Requested: _____ Lot/s Requested: _____

Front of Wolstein Center Requested: _____ Guest List Supplied: Yes No

Department Request to order prepaid Scratch-off Hangtags or Validation Tickets (no exchanges or refunds)

Scratch-off Hangtags Yes No Validation Tickets Yes No

Quantity Requested: _____ Payment: _____

Account Number – Required

FYI - Department Notification of Event (guests will self pay to park)

Name of Event: _____ Date of Event: _____

Time Event Starts (arrival time): _____ Time Event Ends (leave time): _____

Location of Event: _____ Number of Guests Expected: _____ Guests Directed to Park: _____

Additional Comments: _____

Fax a department reservation, request & notification of event form at least 3 business days prior to the date needed.

Certain parking & large event requests require additional advance notice.

Please notify Parking & Transportation Services of cancellations in advance 216-687-2023

2450 Euclid Avenue, EC 160 Cleveland, Ohio 44115-2214 Phone: (216) 687-2023 Fax: (216) 687-5505