



PARKING SPACE REQUEST FORM

OFFICE USE ONLY
FILE # _____

PLEASE COMPLETE ALL SECTIONS OF THIS FORM

APPLICANT INFORMATION

COMPANY NAME _____

CONTACT NAME _____ EMAIL _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ ALTERNATIVE PHONE _____

SITE CONTACT _____ SITE PHONE _____

PARKING INFORMATION

PARKING LOCATION DESCRIPTION _____

(include streets, cross streets, sides of streets; e.g. 5th Street both sides from A to B Streets or X Street south side from 2nd to 3rd Streets)

TYPE OF REQUEST: CONSTRUCTION SPECIAL EVENT MOVING OTHER _____

START DATE _____ END DATE _____
(MM/DD/YYYY) (MM/DD/YYYY)

DAILY USE START TIME _____ DAILY USE END TIME _____
(e.g. 7:00 AM) (e.g. 4:00 PM)

DAYS OF WEEK NEEDED: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

FORM SUBMISSION

THIS REQUEST FORM MAY BE EMAILED, MAILED, OR DROPPED OFF.

MAIL OR DROP OFF
CITY OF WEST SACRAMENTO PARKING SERVICES
ATTN: LARRY LEE
1110 WEST CAPITOL AVENUE, 3RD FLOOR
WEST SACRAMENTO, CA 95691

EMAIL
LARRYL@CITYOFWESTSACRAMENTO.ORG

INCOMPLETE OR INSUFFICIENT INFORMATION ON THIS FORM MAY RESULT IN DELAY OR DENIAL OF YOUR REQUEST. PLEASE ENSURE ALL INFORMATION ABOVE IS TRUE AND CORRECT. FOR QUESTIONS, YOU MAY CALL (916) 617-4581.

APPLICANT SIGNATURE

DATE