Special Event Parking Arrangements

Application/Request Form for Special Event Parking Arrangements

Please Note: Parking for events is very limited during business hours (Mon.- Fri., 8 a.m. - 5 p.m.). Please try to schedule your event during non-business hours. We may not be able to provide parking, depending on time of day and location. Consider public transportation or check our website for public parking options.



2150 Kittredge Street First Floor Berkeley, CA 94720-5740

Tel: (510) 642-5401 Fax: (510) 643-8892

http://pt.berkeley.edu

Services Requested by

ast (Family) Name		First (Given) Na	me	M
Address (street/building name, r	number, Apt.)	City	State Zip/Ma	nil Code
Vork Phone Number	Cell Phone Number	Fax Number	E-mail Address	
vent Information	ı			
How Would You Like Parking Arr	angements Handled?			
O Purchase Pre-Paid Parking I (Reserved parking spaces and				
O Parking Attendant Needed To (Parking Attendant to issue p	o Control Area And Distribute Pr re-paid parking permits for reser		lant Time (3 hour minimun): g Time Ending	Time
Parking Attendant Needed To (Parking Attendant to sell per		Permits		
lame Of The Department/Unit (Organizing The Event		Affiliated with UC Berke	ley? () Yes () No
ame Of Event		Event Location		
	E I T NOVIII	L		
event Date Starting Time	Ending Time No Vehicles	Expected Desired Parking	Area	
Additional Information				
ayment Informat	ion			
Campus Department Recha				
Business Unit: Account:	Fund Code: Dept Id:	Prog Code: Ch	artfield 1: Chartfield 2:	
Prepayment (Check or Cash))			
Check (Check Number):	Money Order (M.O. Number)	Cash (Received by)	Other (Specify):	
Event Representative Signature	(do not print)	Date		