Parking and Transportation Services

Parking Reservation Request

Please complete this form and submit via email to **parking@calstatela.edu**

We require one business day to process a Parking Reservation Request or to cancel the request.

Guests who qualify for no-cost parking reservations:

- Guest speaker in academic courses. Must include course name and section in " Reason for Visit. "
- Major donors of the university sanctioned by the Office of the President or Institutional Advancement.
- Interview candidates for state positions.
- Campus advisory groups, officially sanctioned by the university.
- Dignitaries or government officials visiting the campus in an official capacity.
- Members of the media who are not affiliated with Cal State LA and approved by Public Affairs.

Today's Date	Reservation Date	Arrival Time	Departure Time	Department Name	Event Location (Bldg & Room #)	Parking Lot Preferred

Reason for Visit	Department	Course Name (Required for Guest Speaker/Lecturer)	Section (Required for Guest Speaker/Lecturer)

If " Other" state reason below;	Contact Person	Extension	College or Division

C=Campus ☐	**Chartfield**	
E=External ☐	GL BU:	
A=Auxiliary ☐	Fund:	
	Dept:	
	Program:	
	Project:	

Guests

If your reservation includes more than 6 guests, please submit an Event Parking Request Form.

Guest 1 First and Last Name	Guest 1 License Plate Number	Guest 1 State	Guest 1 Vehicle Make	Guest 1 Vehicle Model	Guest 1 Vehicle Year
		CA			
Guest 2 First and Last Name	**Guest 2 License Plate Number**	**Guest 2 State**	**Guest 2 Vehicle Make**	**Guest 2 Vehicle Model**	**Guest 2 Vehicle Year**
		CA			
Guest 3 First and Last Name	**Guest 3 License Plate Number**	**Guest 3 State**	**Guest 3 Vehicle Make**	**Guest 3 Vehicle Model**	**Guest 3 Vehicle Year**
		CA			
Guest 4 First and Last Name	**Guest 4 License Plate Number**	**Guest 4 State**	**Guest 4 Vehicle Make**	**Guest 4 Vehicle Model**	**Guest 4 Vehicle Year**
		CA			
Guest 5 First and Last Name	**Guest 5 License Plate Number**	**Guest 5 State**	**Guest 5 Vehicle Make**	**Guest 5 Vehicle Model**	**Guest 5 Vehicle Year**
		CA			
Guest 6 First and Last Name	**Guest 6 License Plate Number**	**Guest 6 State**	**Guest 6 Vehicle Make**	**Guest 6 Vehicle Model**	**Guest 6 Vehicle Year**
		CA			

Parking Services will send you a confirmation receipt within one business day.

You may also be contacted if additional information is necessary
For questions please call (323)343-3704

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