



We Are Columbia

City of Columbia Parking Services – Event Parking
 820 Washington Street
 Columbia, SC 29201
 803-545-4015
 EventParking@columbiasc.gov

For Parking Validations/Dash Passes/Event Bagged Meters complete this form and return to Parking Services via email to EventParking@columbiasc.gov.

Parking Validations/Dash Passes/Event Bagged Meters will be issued when payment is received. Requests Received Less Than 24 hour Notice are Subject to an Expedited Fee.

Parking Validation's Expire at the end of each Calendar year
 2023 validations expires on 12/31/2023
 REFUNDS/EXCHANGES PROHIBITED

Applicant Information		
Today's Date: _____		
Authorized Contact: _____		
Company Name: _____		
Mail to Address: _____ _____		
Email: _____ Phone: _____		
Purchase Information		
Validations:	Dash Passes (non-gated) & Access Code Passes (gated):	Event Bagged Meters:
_____ (Qty) \$2 each up to 1 hour	_____ (Qty) \$2 up to 1 hour	_____ (Qty) \$10 per single vehicle
_____ (Qty) \$5 each up to five hours	_____ (Qty) \$5 each up to five hours	_____ (Qty) \$20 per bus
_____ (Qty) \$10 each greater than five hours but less than 24 hours	_____ (Qty) \$10 each greater than five hours but less than 24 hours	
Order \$ Total: _____		
Method of Payment		
<input type="checkbox"/> Check/Money Order via Mail: Mail to Parking Services, 820 Washington St, Columbia, SC 29201 <input type="checkbox"/> Credit Card/Check: Please visit Parking Services located at 820 Washington St., Columbia, SC 29201 to make payment in office		



PARKING SERVICES PURCHASE REQUEST

Customer Information

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email: _____

Receipt

Check/Money Order

Credit Card

*\$1.95+ Convenience
Fee for Credit/Debit
Payments

YES

NO

** For checks and money orders, please make them payable to the City of Columbia addressed the the address below.

Receipts will either be emailed or mailed with the purchased item(s).

* For credit cards, please provide this sheet in office, 820 Washington St., Columbia, SC, for payment

Applicant Signature: _____

Date: _____

DO NOT WRITE BELOW – PARKING SERVICES STAFF ONLY

**Parking Services
820 Washington St.**

Type: _____

Account Number: _____

GL Code: _____

Prox Card # (if applicable): _____

Description: _____

Amount: _____

PS Signature: _____

Date: _____