



# Event Parking Request Form

City of Columbia Parking Services  
 820 Washington Street  
 Columbia, SC 29201  
 803-545-4015

For Parking Validations/Dash Passes complete this form and return to Parking Services via email to [EventParking@columbiasc.gov](mailto:EventParking@columbiasc.gov).

Parking Validations/Dash Passes will be issued when payment is received. Requests Received Less Than 24 hour Notice are Subject to an Expedited Fee of \$50.00.

Parking Validation's Expire at the end of each Calendar year. Due to the Parking Rate Change, any validation issued after March 1, 2025 will expire December 31, 2025.

**REFUNDS/EXCHANGES PROHIBITED**

Applicant Information		
Today's Date: _____		
Authorized Contact: _____		
Company Name: _____		
Mail to Address: _____ _____		
Email: _____ Phone: _____		
Purchase Information		
<b>Validations:</b>  _____ (Qty) \$3 each for the second hour  _____ (Qty) \$6.50 each up to five hours  _____ (Qty) \$15 each greater than five hours but less than 24 hours		<b>Dash Passes (non-gated parking facility):</b>  _____ (Qty) \$3 up to 1 hour  _____ (Qty) \$6.50 each up to five hours  _____ (Qty) \$15 each greater than five hours but less than 24 hrs
Order \$ Total: _____		
Method of Payment		
<input type="checkbox"/> <b>Check/Money Order via Mail:</b> Mail to Parking Services, 820 Washington St, Columbia, SC 29201 <input type="checkbox"/> <b>Credit Card/Check:</b> 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.

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

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**DO NOT WRITE BELOW – PARKING SERVICES STAFF ONLY**

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**Parking Services  
820 Washington St.**

Type: \_\_\_\_\_

Account Number: \_\_\_\_\_

GL Code: \_\_\_\_\_

Prox Card # (if applicable): \_\_\_\_\_

Description: \_\_\_\_\_

Amount: \_\_\_\_\_

PS Signature: \_\_\_\_\_

Date: \_\_\_\_\_