V09126

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.

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.

Event Validations / Dash Passes are issued based on the specific event date, this allows Parking Services to best manage multiple events/venues as well as assist with traffic flow as needed.

Corporate Validations expire at the end of each calendar year. As example, December 31, 2026.

Applicant Information

Today's Date: _____

Authorized Contact: _____

Company Name: _____

Mail to Address: _____

_____

Email: _____Phone: _____

Purchase Information

Validations:	**Validation Type:**	**Dash Passes (non-gated parking facility):**
_____ (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	☐ Corporate/Business ☐ Event Venues/Hotels	_____ (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

☐ **Check/Money Order via Mail**: Mail to Parking Services, 820 Washington St, Columbia, SC 29201

☐ **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.
* 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:_____