

Cerritos College
Parking Waiver Request Form

Please refer to Cerritos Community College District Procedures: [AP 6750 Parking and Traffic-Related Items](#)

Please print or type information below

Date _____

Name _____

Ext. _____

Division/Department _____

Event Name _____

Event Date _____

Event Time (Start/End) _____

Event Location _____

WAIVER TYPE

**One-Day
Permit**

Parking Lot # _____

EVENT DESCRIPTION

Approval and Authorization

Signature of Manager

Date

Signature of Vice President of Business Services

Date

Approved:

Denied: