



CITY OF TAMPA

Bob Buckhorn, Mayor

Department of Public Works

Parking Division

Request for Special Event Parking

DATE: _____

Company Name: _____

Contact Person: _____

Phone Number: _____

Email: _____

Billing Information (Required) _____

Parking Facility: [South Regional](#) [Poe](#) [Twiggs](#) [Convention Center](#)

[Centro Ybor](#) [Palm](#) [Ft. Brooke](#)

Date(s) of the Event: _____

How Many Chaser Tickets Requested: _____

Times of the Event (Start/Ending): _____

Tax Exempt Certificate I.D. Information: _____

We understand that changes may occur; we require a 48-hour notice to prepare properly.

Signature of Client: _____ Date: _____