



City of Grand Rapids
Valet Parking Plan – Special Event Location

Event Title: _____

Event Coordinator: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Date(s) of Event: _____ Times of Event: _____

Estimated Event Attendance: _____

Valet Company: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

Location of Valet Station: _____

(Brief Description and Address)

Dates of Valet Service: _____ Times: _____

Number of Valet Attendants: _____ Estimate Number of Vehicles: _____

Address of Parking Lot to be used: _____

Route from Drop-off Location to Parking Lot: _____

Route from Parking Lot to Pick-up Location: _____

Applicants must submit a detailed map of the drop-off/pick-up location and driving routes.

Applicant Signature: _____ Date: _____

The following affidavit must be signed by a representative of the contracted valet company.

I hereby affirm that I have reviewed this parking plan and will adhere to the route and locations contained herein. No changes will be made to the approved parking plan without consulting with the Special Event Location license holder to submit a new parking plan to the City Clerk's office. Changes will not be enacted until a new parking plan has been approved by the City.

Valet Representative (Please Print): _____

Signature: _____ Date: _____