



**Town of West Hartford
Municipal Parking Division**

17 Isham Rd., West Hartford, CT 06107

P: 860.561.8220. F: 860.231.8360. Website: www.westhartfordct.gov

SPECIAL EVENT PARKING AGREEMENT

CONTACT:

Name _____ Event _____

Phone _____ Email _____

Date _____ Location _____

Start Time _____ End Time _____

Special Event Parking allows the purchaser to prepay for their guests' parking needs, at a specific Town of West Hartford facility:

CHOOSE ONE: Isham / Memorial Garages _____

Brace Road Lot _____

Please be informed that your guests could linger in West Hartford Center after your event. You will be charged for the entire parking time used by your guests.

CIRCLE ONE:

- I WILL // I WILL NOT pay for "Lost" parking tickets for my guests
(Fee calculated from Event start time to parking Exit; Maximum: \$ 7.00)

By signing below and filling in your credit card information, you agree to the charges incurred, according to your choices above. (Maximum rates will apply if the options above are not marked.) After your event, a report of transactions and a charge receipt will be emailed to you.

Signature: _____

(Detach and shred after processing event tickets.)

MasterCard or Visa **ONLY** # _____

Expiration Date: _____ Billing Zip Code: _____

Security Code (3 digits on the back): _____

Name on Credit Card: _____