Facilities Management Office
香港城市大學
City University of Hong Kong

Request for Reservation of Parking Spaces for Official Visitors

Name: _____ Phone: _____ Email: _____

Department: _____ Position held: _____

Location of Carpark: BOC / YEUNG / CMC / TYB

Date	Time	Purpose / Departmental or Institutional Event	Vehicle Registration Number	Name of Visitors (optional)

Notes:
1. Parking reservations are solely designated for official visitors. All requests must be clearly supported by the HoD and are strictly limited to the specified purposes and events.
2. Apply via email at fmcms@cityu.edu.hk or fax to 34420329 to the FMO Security Counter at least one day prior to the event.
3. A maximum of 5 parking spaces for departmental events and 10 parking spaces for institutional events shall be reserved.

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Requested by: _____
Signature & Name of Staff
(Head or his/her delegates)

Department / College Chop: _____

Date: _____