

VALET AUTHORIZATION



TRAFFIC ENGINEERING DIVISION

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Valet Compa	ny Inform	ation:								
Company Name:										
Company Address:										
Telephone:							_			
Valet Operator Name:										
Valet Operator Signati	ure (Type or S	ign):					Date	:		
Business Loc	ation of V	alet Servic	ces:							
Business Name:										
Business Address:										
Business Phone:										
Contract Det	ails									
Contract Execution Date		Contract End Date		1	usiness pancy Lim	it	1		tendants entract)	
Average # of Vehicles Parking Per Day									_	
Valet Operation Days: OPERATING HOURS END	MON	TUES]WED	THURS [FRI	SAT		SUN		
Business Owner Name:										
Business Owner Signa	ature (Require	ed):					Date	:		
Parking Facil	lity Inforn	nation:								
Facility Name:				-	ot a facility nto, please				the City of	
Facility Address:										
Contract Execution Date	234 Pike Street	95811)		Parking O	perator/Co	mpany Na	me	Coni	tact Phone	#
Contract End Date		FACILTY AVAILABILITY	MON	TUES	WED	тни	RS	FRI	SAT	SUN
# Stalls Allocated		TIMES								