

# SECTION C – PARKING & SHUTTLE SERVICES

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## Parking Details

Please describe Public Parking arrangements. (Please indicate location(s) on Site Plan/Map)

Please describe VIP, Event Staff and/or Volunteer Parking arrangements. (Please indicate location(s) on Site Plan/Map)

## Shuttle Service Details

Will a shuttle service be provided from parking areas to the event site?        Yes        No

If yes, please describe the shuttle plan. (Please indicate pick-up and drop-off location(s) on Site Plan/Map)

If providing a private shuttle service, please provide the following information and attach copies of the company's City of Astoria Occupational Tax Certificate, Liability Insurance Certificate and Oregon License.

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If Different) (Street Address) (City) (State) (Zip)

Primary Contact Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_