



APPLICATION FOR BUS TRIP or MALL PARKING LOT USE

Please complete entire form and fax to **610-825-9324** or email pidcoec@preit.com

Name of person requesting use of lot _____

Name of company or organization _____

Address _____

City _____ State _____ Zip _____

Telephone number of contact _____

Fax number _____

Email address _____

Date(s) requesting use of lot (including departure/return times)

Reason for use of lot _____

of Vehicles to be left in parking lot _____

Vehicle Identification (make, model, license #) _____

Bus Company _____

Contact at bus Company _____

Contact telephone number _____

Fax number _____

Email address _____

Signature

Date

Requests will be reviewed, approved or denied within two weeks of paperwork being received.
Proper insurance must be accommodated to Plymouth Meeting Mall in order to use lot.