

REQUEST INFORMATION		Request #:	
Date of Request		Project Name	
Closure Dates	From	To	Shortcode
Reason for Closure (Please be as detailed as possible)			
Location (Lot or structure number; refer to maps on our website at http://pts.umich.edu/maps)			
Lot or Structure Street		Number of Spaces	
Location of Spaces (Space numbers or structure level and location description)			
SPECIAL SERVICES NEEDED			
Parking Sign Shop Signage (Required) Other _____		Parking Maintenance Install PTS Barricades Install Contractor Barricades Other _____	
UNIVERSITY CONTACT INFORMATION			
Name			
Phone	Cell	E-Mail	
Alternate/Designee			
Phone	Cell	E-Mail	
CONTRACTOR CONTACT INFORMATION		(if applicable)	
Company			
Contact Name			
Phone	Cell	E-Mail	
For further assistance, write closepark@umich.edu .			