REQUEST FOR SPECIAL PARKING

PLEASE COMPLETE AND RETURN THIS FORM TO REQUEST SPECIAL PARKING FOR CONFERENCES, MEETINGS, OR OTHER EVENTS. ALL AREAS OF THE FORM MUST BE COMPLETED; INCOMPLETE FORMS WILL NOT BE PROCESSED.

CONTACT: _______________________________ PHONE: _______________________________

DEPARTMENT: _____________________________________________________________

SERVICE UNIT BILLING AUTHORIZATION:

SHORTCODE: ___________________________ ACCOUNT: 614960 (PARKING EXPENSE)

AUTHORIZED SIGNATURE: ___________________________________________________

ADDRESS: _______________________________ CAMPUS ZIP: _______________________________

DATE(S) OF EVENT: _______________________________

NAME OF EVENT: __________________________________________________________

TIME(S) OF EVENT: _____ : _____ PM - _____ : _____ PM

EVENT LOCATION: _______________________________ REQUESTED PARKING LOCATION: _______________________________

EST # ATTENDING: ________ EST # PARKING PER DAY: ____________________________

# PERMITS REQUIRED: __________________________

PERMIT DISTRIBUTION:

☐ HOST DISTRIBUTE

☐ PARKING ATTENDANT DISTRIBUTE

☐ MAIL TO GUEST ☐ GUEST TO PICKUP)

HOURS ATTENDANT REQUIRED:

AM : AM

_____ : _____ PM - _____ : _____ PM

SPECIAL NEEDS: ____________________________________________________________

FOR PARKING SERVICES USE

CUSTOMER ID # __________________ REQUISITION # __________________ PCR # ______

PERMIT TYPE __________________ PERMIT #’S __________________

LOCATION __________________ DATE REQUEST COMPLETED __________________