

Event Parking Request Form

Request Date:	*Requestor	*Contact Name:
*Department/Organization:	*Phone:	*Email:
*Cost Center:	*Event Title:	
*Event Date:	*Request:	
*Start Time:	*Parking Resources: Temp. Permits, _____ Electronic Permit	
*End Time:	Directional Signage to parking: Traffic Control:	
	*Will you be charging for this Event? ___Y ___N	
	Type of Event Check one: ___ Student, ___ Department, ___ Community, ___ Recruitment ___ Organization/Association	
	Will you be mailing information in advance of this event? Date of Mailing: _____	
	Do you need an electronic copy of the parking map? ___X___Y ___N	
*Event Location(s):		*Estimated Number of vehicles or estimated number of attendees

*Indicates Required Field. Department reserves the right to request for assistance with traffic control by hosting organization. ***Incomplete Forms will be returned for completion.**

**OFFICE
USE ONLY**

Received Date: _____

Received By: _____

Solution: _____

Approval: _____

Please submit your request at least 3 weeks in advance.
Note: Maximum height for Garage parking is 8'2"