

Special Events

REQUEST NO: _____

DATE: _____

NAME OF DEPT. OR ORGANIZATIONS

NAME AND ADDRESS OF CONTACT PERSON

NAME: _____ E-mail: _____

ADDRESS: _____

PHONE NO: _____ FAX: _____

SPECIAL REQUIREMENTS

PERIOD OF USE

DATE OF EVENT: _____ FROM: _____ TO: _____

SITE OF THE EVENT _____

LOT(S) REQUESTED _____

EXPECTED ATTENDANCE _____ NO. OF PERMITS REQUESTED _____

REQUESTER'S SIGNATURE: _____ DATE: _____

SIGNATURE OF PARKING SUPERVISOR: _____

DATE: _____

OFFICE USE ONLY:

APPROVED _____ DENIED _____ REMARKS: _____

PERMITS PURCHASED: _____ AMOUNT: _____ INVOICE () CHECK ()
OVERTIME REQUESTED: _____ APPROVED () DENIED ()
NUMBER OF HOURS: _____

APPROVED OR DISAPPROVED BY: _____