

Parking Services – Special Request Form

Date of Reque	est: Name of Event:	Anticipated Attendance:
Requested De	epartment/Group/School:	
Account Title/	/Budget Purpose Number:	_Signature of Fiscal Officer:
Contact:	Phone:	Email:
Request for	Guest Permits (non-university personnel) (\$3.00	per day, \$30.00 per semester requested)
Req	uested Lot(s):	Number of Guest Permits:
Date	e(s) and Time(s) Required:	
Gue	est Name:	Vehicle Plate/State:
Special Requ	uest for New Employee Complimentary 2 Week P	ermit (no charge)
Emp	ployee Name:	Requested Lot(s):
Date	es Requested:	_ Vehicles Plate/State:
Request for	Pay by Space Code (non-university personnel onl	ly) (\$3.00 per use)
Date	e(s) and Time(s) Required:	Requested Lot(s):
lf m	ultiple dates/times/info required, list here:	
lot buyout)		(Lot B - \$200 per hour for more than 250 guests, \$230 per hour for
Req	uested Lot(s): Date(s) a	and Time(s) Required:
lf m	ultiple dates/times/info required, list here:	
ls th	nere an admission fee charged to the guest(s) to attend	I this event? If yes, what is the charge? \$
Request for	Service Permit (permits issued are to be shared	among department employees)
Dep	artment Name:	School/College:
Num	nber of permits currently held in the department:	Number of employees in department:
Request for	Use of LED Signage	
To r	request use of LED signage to support events, use LED S	ign Request Form found here (siue.edu/parking/parking-rates/index.shtml)
Reason for a	above Request/Additional Information	
	Special Request Forms must be submitted A7	T LEAST One (1) WEEK IN ADVANCE to Parking Services, Box 1044,
	Room 1113, Rendleman Hall. You may fax reo	quest to: 618/650-3673 or Email request to: parking@lists.siue.edu
	Questions may be dire	ected to Parking Services at 618/650-3680.
PARKING SE	ERVICES ONLY:	
Approved:	Signature:	Date:
Denied:	Reason:	

Permit(s) #: _____ Date: _____ Date: _____ Code #: _____ Enter Date: _____ ____Issue Date: _____