

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Parking Services – Special Request Form

Date of Request: _____ Name of Event: _____ Anticipated Attendance: _____

Requested Department/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)

Requested Lot(s): _____ Number of Guest Permits: _____

Date(s) and Time(s) Required: _____

Guest Name: _____ Vehicle Plate/State: _____

Special Request for New Employee Complimentary 2 Week Permit (no charge)

Employee Name: _____ Requested Lot(s): _____

Dates Requested: _____ Vehicles Plate/State: _____

Request for Pay by Space Code (non-university personnel only) (\$3.00 per use)

Date(s) and Time(s) Required: _____ Requested Lot(s): _____

If multiple dates/times/info required, list here: _____

Request for Suspension of Ticketing (\$100 per hour/per lot) (Lot B - \$200 per hour for more than 250 guests, \$230 per hour for lot buyout)

Requested Lot(s): _____ Date(s) and Time(s) Required: _____

If multiple dates/times/info required, list here: _____

Is there an admission fee charged to the guest(s) to attend this event? _____ If yes, what is the charge? \$ _____

Request for Service Permit (permits issued are to be shared among department employees)

Department Name: _____ School/College: _____

Number of permits currently held in the department: _____ Number of employees in department: _____

Request for Use of LED Signage

To request use of LED signage to support events, use LED Sign Request Form found [here](http://siue.edu/parking/parking-rates/index.shtml) (siue.edu/parking/parking-rates/index.shtml)

Reason for above Request/Additional Information

Special Request Forms must be submitted AT LEAST One (1) WEEK IN ADVANCE to Parking Services, Box 1044, Room 1113, Rendleman Hall. You may fax request to: 618/650-3673 or Email request to: parking@lists.siue.edu

Questions may be directed to Parking Services at 618/650-3680.

PARKING SERVICES ONLY:

Approved: _____ Signature: _____ Date: _____

Denied: _____ Reason: _____

Permit(s) #: _____ Received by: _____ Date: _____

Code #: _____ Enter Date: _____ Issue Date: _____