**Request for Parking Services**  
**Department of Public Safety**

Date of event: _______________  
Event contact person: ___________________________  
Phone: ___________________________

Location of event: ___________________________  
Name of the event: ___________________________

Time event is scheduled to start: _______________  
Time event is scheduled to end: _______________

*If officers are needed prior to event indicate specific time before/after that they are needed.

Number of officers requested: _____________________  

How many spaces will be required for reserved spaces? ___________________________

How many “special needs/handicapped access” spaces are required ___________________________

Are there any special needs that you would like to request regarding the service needed for this event?  
(For example: Are officers presence needed the entire time?)

_________________________________________________________________________________

Shuttle/transport of any guests required?  
If so, please specify request:

_________________________________________________________________________________

_________________________________________________________________________________

Requesting Organization name: ___________________________

Printed name of person making request: ___________________________

Signature of person requesting: ___________________________

The following information is important to keep in mind when requesting parking services:

1. Please submit all requests in writing on this form to the Public Safety Office
2. Public Safety requires at least 72 hours notice to schedule/reserve parking for an event.

*This section for Public Safety Staff use only*

<table>
<thead>
<tr>
<th>Requested number of officers</th>
<th>Name of officer</th>
<th>Location of post/time</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>_______________</td>
<td>______________________</td>
</tr>
<tr>
<td>___________________________</td>
<td>_______________</td>
<td>______________________</td>
</tr>
<tr>
<td>___________________________</td>
<td>_______________</td>
<td>______________________</td>
</tr>
<tr>
<td>___________________________</td>
<td>_______________</td>
<td>______________________</td>
</tr>
</tbody>
</table>

Event Supervisor Signature: ___________________________  
Date ___________________________