



Special Event Parking Request

Type of Function			
Date of Function	Location	Beginning time	Ending Time

Name of RSU person responsible for logistics (This person must be physically present the day of the scheduled event)	Phone	e-mail
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Name of non-RSU event coordinator	Phone	e-mail
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Statement of why reserved parking is necessary for your event:

Estimated number of: Private Vehicles _____ Vans _____ Buses _____

Note: actual usage, if significantly different from request, may affect future requests.

Specific parking lot you are requesting	Number of spaces requested
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How many faculty _____ staff _____ student workers _____ will your department be providing to greet or direct parking?

Will you require Campus Police in addition to what you are providing yes _____ no _____, and how many _____ are you requesting, if available?

Name of person requesting	Department	Phone
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Signature of person requesting	Signature of Department Head
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Approved

Disapproved

Modified

Signature of Vice President	Signature of President
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Note: If approved, you must:

- #1. Coordinate the printing of signs with the print shop.
- #2. Send copy to Chief of Campus Police.
- #3. Coordinate the placing of signs with the Physical Plant.
- #4. Send out highlighted maps with route and lot location to event participants.