# Special Event Parking Request

<table>
<thead>
<tr>
<th>Type of Function</th>
<th>Date of Function</th>
<th>Location</th>
<th>Beginning time</th>
<th>Ending Time</th>
</tr>
</thead>
</table>

Name of RSU person responsible for logistics
(This person must be physically present the day of the scheduled event)

Name of non-RSU event coordinator

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

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

Signature of person requesting

Signature of Department Head

Approved

Disapproved

Modified

Signature of Vice President

Signature of President

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.