



MONTCLAIR STATE UNIVERSITY

OFFICE OF PARKING SERVICES REQUEST FOR SPECIAL EVENT PARKING

Please complete and return this form to parking services to request special parking for conferences, meetings or other events. **The form must be completed and submitted at least seven (7) days before the event.** All areas of the form must be completed; incomplete forms cannot be processed. Please fax this completed form to (973) 655-7582.

Name of Event: _____

Date(s) of Event: _____

Start Time of Event: _____: _____ AM/PM End Time of Event: _____: _____ AM/PM

Sponsoring Department: _____ Contact: _____
(Please print)

Phone: _____ Fax: _____ Email: _____

Fiscal Agent Name: (Please print) _____ Signature: _____

No. of Spaces requested to be allocated for event: _____ spaces

Event Location: _____

Check one:

_____ Our event visitors will pay for their own parking for the dates listed below. One-half day event is \$5.00 per car; a full day event is \$8.00 per car.

Date _____ Quantity Guest parking permits _____ @ \$5.00= \$ _____

Date _____ Quantity Guest parking permits _____ @ \$ 8.00= \$ _____

_____ Our department will pay for the visitor parking for the above event as follows:

Date _____ Quantity Guest parking permits _____ @ \$5.00= \$ _____

Date _____ Quantity Guest parking permits _____ @ \$ 8.00= \$ _____

This form, with fiscal agent signature, must be submitted to Parking Services in order to reserve space in the Red Hawk Deck. Reservations are on a first-come, first served basis, and must be submitted no later than seven days prior to event. Fax: 973-655-7582

Department Billing Authorization	
Charge Account: _____ -8905	Total \$ _____
Fiscal Agent Signature: _____	Date: _____
Credit Account: 319900-0615 _____	
Parking Services Use Only	
Passes Picked up by _____ Date: _____	
Passes from _____ to _____	