**Office of Parking Services Event Parking Request Form**

Please complete and return this form to inform Parking Services of conferences, meetings, or other events and to request parking arrangements. **This form must be completed and submitted at least ten (10) days before the event**. Forms can be emailed to [parking@mail.montclair.edu](mailto:parking@mail.montclair.edu) or faxed to (973) 655 – 7582. All event information fields must be completed as incomplete forms may not be processed. Submission of this form does not guarantee approval.

**Event Information**

Name of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Event: \_\_\_\_\_\_\_\_\_\_\_

Start Time of Event: \_\_\_\_\_\_\_\_ [ ] AM [ ] PM End Time of Event: \_\_\_\_\_\_\_\_ [ ] AM [ ] PM

Sponsoring Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Vehicles in Attendance: \_\_\_\_\_\_\_\_\_\_ Event Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost for Event Parking**

Prepaid Parking Validations (Red Hawk Deck Only)\*\* \_\_\_\_\_\_ x $6.00 ($5.00 if internal) = \_\_\_\_\_\_\_\_\_

Surface Lot Parking Space \_\_\_\_\_\_ x $5.00 ($2.50 if internal) = \_\_\_\_\_\_\_\_\_

Surface Lot (Price varies by lot, Subject to availability) \_\_\_\_\_\_ x $250.00 = \_\_\_\_\_\_\_\_\_

VMS\* (Variable Message Sign, Subject to availability) \_\_\_\_\_\_ x $25.00 = \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ x $50.00 (For RHD) = \_\_\_\_\_\_\_\_\_

Letter Boards\* (Subject to availability) \_\_\_\_\_\_ x $15.00 = \_\_\_\_\_\_\_\_\_

Miscellaneous Equipment \_\_\_\_\_ Cones \_\_\_\_\_ Barricades \_\_\_\_\_\_ x $1.00 = \_\_\_\_\_\_\_\_\_

**Subtotal** = \_\_\_\_\_\_\_\_\_

Late Notice Fee (if within 5 days of event) [ ] $15.00 or Taxes = \_\_\_\_\_\_\_\_\_

**Grand Total** = \_\_\_\_\_\_\_\_\_

**For Internal Payments**

Fund: \_\_\_\_\_\_\_\_\_\_ Department ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project ID: \_\_\_\_\_\_\_\_\_\_

PeopleSoft Acct: 66023 Grants: 60511

Fiscal Agent Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

\**Description of event* OR *Message on VMS/Letter Board* (Please keep it as brief as possible)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*\**Prepaid Parking Validations are non-refundable*