



Visitor/Event Parking Request

Please complete and submit to the Auxiliary and Support Services Office. For parties of more than 50, please call 404-413-9500 for reservations.

Name of Event _____

Location of Event _____

Date of Event _____ Time In _____ Time Out _____

Requester _____ University's Account Number _____ Department _____
 Speed Type and Expiration Date

Office Phone _____ E-mail _____ Fax Number _____

Number of Parking Spaces _____ Deck/Lot First Choice _____ Deck/Lot Second Choice _____

Type of Pass Required:

_____ Daily (Parking charge is paid by guest. Space is not guaranteed if lot gets full.)

_____ Prepaid (The sponsoring department, faculty, or staff member pays the parking fees. Employee parking may not be purchased with departmental procurement cards.)

NAME(S) OF GUEST(S) – (If more than six (6) guests, please provide a separate and alphabetized list along with this form.)

Amount \$ _____ Authorized Signature _____ Date _____
 Full-time Faculty and Staff ONLY

FOR AUXILIARY AND SUPPORT SERVICES USE ONLY:

_____ Copy of Green Card or Speed Type
 Date _____

Deck/Lot Assigned _____

Called In By _____

Confirmation Type _____
 Email, Phone, Front Window

Received By _____