



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 Speed Type and Expiration Date	Department
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Office Phone	E-mail	Fax Number
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Number of Parking Spaces	Deck/Lot First Choice	Deck/Lot Second Choice
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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:

Date _____	Copy of Green Card or Speed Type
Deck/Lot Assigned _____	
Called In By _____	
Confirmation Type _____ Email, Phone, Front Window	
Received By _____	