MONTCLAIR STATE UNIVERSITY

# 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 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)

_____

_____

_____

***Prepaid Parking Validations are non-refundable*

## Parking Services Use Only

Ticket Numbers: _____

Passes picked up by: _____ Date: _____