

Event Parking Permit Request Form

**** A minimum of 24 hours' notice is required for requests to be filled ****

Name of Requestor: _____ Date: _____
Department or Organization: _____ Phone: _____
Mailing Address: _____ Email: _____
City, State: _____ Zip: _____
Title of Event or Guest Speaker: _____
Location of Event: _____

Parking Permit Options: (Choose all that apply) – ***Price is per Day***

GARAGE ONLY CONFERENCE PARKING

Beginning Date: ____/____/____ to Ending Date: ____/____/____
Times of Conference: ____ to ____
Number of permits: ____ x \$5.00 = ____

Ticket Type:

Event Ticket
Validation Ticket

OTHER CONFERENCE PARKING - NOT VALID IN THE PARKING GARAGE

Reserved meter exempt space(s) in any metered area. Please attach a list of names of those attending. (Price includes conference permit.)

Number of permits: ____ x \$20.00 = ____ Times of Conference: ____ to ____
Beginning Date: ____/____/____ to Ending Date: ____/____/____ Location: _____

Meter exempt permit(s) – these are good for any metered stall(s) or in W, O, R, T & Z stalls.

Number of permits: ____ x \$17.00 = ____
Beginning Date: ____/____/____ to Ending Date: ____/____/____ Times of Conference: ____ to ____

Conference Permits available for guest, conference attendees and visitors. No reserved spaces.

Number of permits: ____ x \$5.00 = ____
Beginning Date: ____/____/____ to Ending Date: ____/____/____

STAFF AND EQUIPMENT RESOURCES

Parking Lot Attendant(s) – Minimum of 30 minutes – \$10.00 per hour per Attendant

Attendants Requested: _____ Date and Time Requested: _____

Cone Rental - \$ 0.50 each - per day

Barricades - for Reserved Lot Space \$1.00 each - per day

Date and Number of Cones or Barricades needed: _____

Choose method of delivery and indicate date needed by: _____

☐ Mail to department (Arrangements must be made one week in advance) Address: _____

☐ Pick up at Parking Services

☐ Pick up at Parking Garage drive-up window on 17th Street (If 10 or less)

Method of payment:

☐ Payment enclosed

☐ Bill the department: Accounts Payable Contact Information: _____

☐ Participants will purchase permit(s) when they pick them up at the Parking Garage drive-up window

☐ Requestor will pay when picking up permits at Parking Services.

Special Circumstances or Notes:

If you have questions, call (785)532-7275; Fax completed form to Parking Services (785)532-2601, send via email to Parking @ksu.edu or mail to 1 KSU Parking Garage

Office Use Only

Event # _____

Bulk # _____

Account # _____

PCO needed: Yes No PCO Times: _____

Invoice # _____