

Garage Parking Only Event Form

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

Name of Requestor: _____ Date: _____
Department or Organization: _____
Mailing Address: _____
Email: _____ Phone: _____
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

Ticket Type:

Beginning Date: ____/____/____ to Ending Date: ____/____/____
Times of Conference: _____ to _____

Event Ticket
Validation Ticket

Number of Days: _____

Number of permits: _____ x \$5.00 = _____

STAFF AND EQUIPMENT RESOURCES

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

Attendants Requested: _____ Date and Time Requested: _____

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:

Save completed form and fax to Parking Services (785)532-2601, send via email to eventparking@ksu.edu or mail to 706 N 17th Street. If you have questions, call (785)532-7275.

Office Use Only

Event # _____

Bulk # _____

Account # _____

Invoice # _____

PCO needed: Yes _____

PCO Times: _____

No _____