

Special 'O' Parking may be requested for employees in which departments and organizations pay \$4 per day for each Special 'O' space used by their employees. Once the department's request is approved, Parking Services will provide the department with an e-code. Department will provide the e-code to the employees that the department authorized to use the Special 'O' parking. The employees will need to go to the pay station each time they park in the Special 'O' parking space and use the e-code to get a 4 hour virtual parking permit to park in the Special 'O' parking space. **Please note: Employees need to have a valid employee parking permit in addition to the e-code permit to park in the Special 'O' parking space.**

INSTRUCTIONS

Submit completed form via e-mail to parking@sjsu.edu, via fax to 408-924-6566, via mail to SJSU Parking Services, One Washington Sq., San Jose, CA 95192-0166, or in-person to the Parking Services office (located in the University Police Building). Parking Services will contact you when your request has been processed. ePermit codes will be e-mailed to the department's designated person to approve use of Special 'O' parking spaces. **Please allow at least 2 business days for your Special 'O' Parking request to be processed.**

REQUESTER INFORMATION		
Requesting College, Division, Auxiliary, or Organization	Mailing Address or Location on Campus	
Requesting Department or Office	Account Number (if known)	
Requester Name	Requester E-mail	
Requester Telephone	Requester Fax	
SPECIAL 'O' REQUEST DETAILS	BILLING INFORMATION	
Department's Designated Person to Approve Use of Special 'O' Parking Space (i.e. Dean of College or Head of Department) _____	SJSU-Affiliated SJSU Chartfield _____ - _____ - _____	
Location _____ Special 'O' Parking Spaces	Foundation (please specify): <input type="checkbox"/> Tower <input type="checkbox"/> Research	
Estimated Number of e-code usage per month (\$4 per use) _____	Other (please specify): _____	
Special Request(s) (if applicable): _____ _____	_____ _____	
CERTIFICATION		
I certify that I am authorized to request Special 'O' Parking on behalf of my department or organization, and agree to abide by all rules and regulations concerning the proper use of Special 'O' parking spaces.		
Signature _____		Date _____
FOR OFFICE USE ONLY		
Date Received _____	E-code Details:	Special 'O' Parking Rate
Log Entry _____	e-code Issued _____	Rate \$ _____
Date Fulfilled _____	Effective Date _____ Expiration Date _____	Processed By _____
Date Contacted _____	_____ (used) x \$ _____ (rate) = \$ _____ (total)	Deposit Amount \$ _____
Billed Monthly	Note:	Deposit Received _____
		Deposit Check # _____