



**SJSU PARKING SERVICES
EVENT PARKING REQUEST FORM**

Event Parking may be requested for events in which departments, offices, and organizations pay only for the actual number of Guest Permits used. **Guest Permits are to be issued to and used only by University guests** (including, but not limited to, visitors and vendors); **they are not to be used by students**. Permits are valid for parking in General and Employee parking spaces in all University parking facilities (unless designated otherwise), but are not valid in on-street parking spaces.

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; some permits must be picked up and signed for in person. **Please allow at least 2 business days for your Event 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	
EVENT DETAILS		BILLING INFORMATION
Event Name _____		SJSU-Affiliated Events
Event Location _____		SJSU Chartfield
Event Date(s) _____ to _____		_____ - _____ - _____
Event Time Duration _____ (am/pm) to _____ (am/pm)		Foundation (please specify): <input type="checkbox"/> Tower <input type="checkbox"/> Research
Estimated Number of Guest Permits Requested _____		_____ - _____
Special Request(s) (if applicable): _____		Other (please specify): _____
_____		Non-SJSU-Affiliated Events
		A check deposit (made payable to SJSU Parking) based on projected usage will be required; the deposit amount will be determined after the event parking rate has been approved. Following the event, a new check for the actual number of guest permits used (or any overage) can be submitted for payment.
CERTIFICATION		
I certify that I am authorized to request Event Parking on behalf of my department, office, or organization, and agree to abide by all rules and regulations concerning the proper use of such permits.		
Signature _____		Date _____
FOR OFFICE USE ONLY		
Date Received _____	Guest Permit(s) Issued	Event Parking Rate
Log Entry _____	ePermit _____	Rate \$ _____
Date Fulfilled _____	_____ to _____	Approval _____
Date Contacted _____	_____ (used) x \$ _____ (rate) = \$ _____ (total)	Deposit Amount \$ _____
Date Billed _____	Pick Up Signature _____	Deposit Received _____
	Date _____	Deposit Check # _____