



Parking Operations

Request for Services



Department: _____

Contact Person: _____

Phone Number(s): _____ Email: _____

Billing Mail Stop/Address: _____

BANNER account: _____
Fund
Org
Program

Event Date(s): _____

Event Beginning & Ending Time(s): _____

Name of Event: _____

Type of Service requested: *(Please give a detailed description of the type of service requested)*

- Bollard Removal
 Man Power
 Special Parking

I understand that:

- All requests are subject to the approval by the Director or appropriate staff.
- Prompt payment is required in order to prevent my account from being placed on hold.

Signature

Date

Upon completion of this form, please return to Shinitha Brooks at Mail Stop 9568, via fax to 325-1771, or email to sbrooks@facilities.msstate.edu

If you need assistance, please call 662-325-3940.

A confirmation will be sent to the email address provided prior to your event date.