PARKING AND TRANSIT RESERVATION FORM

Department: __________________________ Email: __________________________

Contact Person: __________________________ Date: __________________________

Billing MailStop Address: __________________________ Phone: __________________________

9 Digit Account Number: __________________________ 2nd Phone: __________________________

Banner Account: __________________________

Fund __________________________ Org __________________________ Program __________________________

Event Date: __________________________ Name of Event: __________________________

Check All Types of Services Requested Below:

☐ Parking Attendants ☐ Unreserved Space (Inside Gated)

☐ Bollard Removal ☐ Reserved Space (Inside Gated)

☐ Cone Rental ☐ Reserved Space (Outside Gated)

☐ Travel Passes ☐ Barricade Rental

☐ Bus Parking ☐ Golf Carts 4 Seater

☐ Meter Reservation ☐ Golf Carts 6 Seater

☐ Shuttle Reservation/How Many Shuttles? __________ How Many Passengers? __________


☐ Van Reservation/How Many Vans? __________ How Many Passengers? __________


Trip Details or Specific Instructions: (MUST INCLUDE ITINERARY FOR SHUTTLE, VAN, AND BUS RESERVATION. You may include them on a separate sheet of paper.) __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*** Do you need a wheelchair accessible shuttle: ☐ YES ☐ NO

For Transit Use Only:

R: ______ D: ______ C: ______

I _____________________ have read and understood that all request are subject to the approval by the Director or appropriate staff of the Parking & Transit Services Department. I have also read all the rules and regulations of the department, and therefore take responsibility of all rented furnishings during our rental time. Any request 24 - 48 hours prior to the event date, may not have standing due to availability of buses or drivers.

Prompt payment is required in order to prevent my account from being placed on hold status. All check payments must be approved by Cambrie Johnston before filling out form.

It is the responsibility of the renting party to provide their 9 Digit Account Number and/or Banner Account number on this form.

Signature __________________________

Upon completion of this form, please return to Cambrie Johnston at Mail Stop 9568 or email to cjohnston@facilities.msstate.edu. For assistance: 325.3940.