

PARKING & TRANSIT SERVICES RESERVATION FORM

Date: _____ Department: _____

Payment Method: Mail Banner 9 Digit

Requester Name: _____ Requester Email: _____

MailStop/ Address: _____ Requester Phone: _____

Business MGR Name: _____ **Business MGR Email:** _____

Dept Banner Account No.: _____ **** Preferred****

Fund	Org	Program	Activity
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Dept Banner 9-Digit Account No: _____ **** Alternate ****

Event Date: _____ Name of Event: _____

Check All Types of Services Requested Below

- | | |
|--|--|
| <input type="checkbox"/> Parking Attendants | <input type="checkbox"/> Unreserved Space (Inside Gated) |
| <input type="checkbox"/> Bollard Removal | <input type="checkbox"/> Reserved Space (Inside Gated) |
| <input type="checkbox"/> Cone Rental | <input type="checkbox"/> Reserved Space (Outside Gated) |
| <input type="checkbox"/> Golf Carts 6 Seater | <input type="checkbox"/> Barricade Rental |
| <input type="checkbox"/> Bus Parking | |
| <input type="checkbox"/> Meter Reservation | |

- | | |
|---|----------------------------|
| <input type="checkbox"/> Shuttle Reservation/How Many Shuttles? _____ | How Many Passengers? _____ |
| <input type="checkbox"/> Bus Reservation/How Many Buses? _____ | How Many Passengers? _____ |
| <input type="checkbox"/> Van Reservation/How Many Vans? _____ | How Many Passengers? _____ |
| <input type="checkbox"/> MiniVan 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 (ADA): YES NO

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 renters account from being placed on hold status. All check payments must be approved by Tanner Roberson 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 _____ Date _____

UPON COMPLETION OF THIS FORM PLEASE RETURN TO
TANNER ROBERSON AT MAIL STOP 9568
EMAIL TO TROBERSON@PARKINGTRANSIT.MSSTATE.EDU
PHONE: (662) 325.3940.