



# Parking Operations



## Request for Travel Parking

Name of Group \_\_\_\_\_

Department Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

Email: \_\_\_\_\_

Date(s) and Time of Travel \_\_\_\_\_

Number Traveling \_\_\_\_\_

\_\_\_\_\_  
Signature of Requesting Party

\_\_\_\_\_  
Date

After receiving this information, a confirmation email will be sent to the email address indicated above. The confirmation will include a **printable placard that must be placed on the dashboard** of the vehicle prior to parking in the designated area.