

SOUTHERN ILLINOIS UNIVERSITY  
**EDWARDSVILLE**

**PARKING SERVICES  
SPECIAL REQUEST FORM  
(as defined in ILC Motor Vehicle Regulatory Policies)**

Today's Date: \_\_\_\_\_

Requesting Department/Group: \_\_\_\_\_

Signature of Department Head/Fiscal Officer: \_\_\_\_\_

Account Title/Account Number to be Charged: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Name of Event:</b>	<b>Anticipated Attendance:</b>
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***Request for Guest Permits***

Requested Lot(s): \_\_\_\_\_ Number of Guest Permits: \_\_\_\_\_

Date(s) and Time(s) Required: \_\_\_\_\_  
(if multiple dates/times required, list below)

***PLEASE NOTE: AT TIME OF REQUEST, PLEASE SUPPLY GUESTS' NAMES AND VEHICLE INFORMATION (license plate #, make, type [2 dr, 4 dr, truck or van]).***

***Request for Suspension of Ticketing***

Requested Lot(s): \_\_\_\_\_

Date(s) and Time(s) Required: \_\_\_\_\_  
(if multiple dates/times required, list below)

Has Conferences & Institutes been notified of this event? No \_\_\_\_\_ Yes \_\_\_\_\_ Name: \_\_\_\_\_

Is there an admission fee charged to the guest(s) to attend this event? What is the charge? \$ \_\_\_\_\_

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Please list multiple dates/times here and include any additional information or explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Request Forms must be submitted AT LEAST TWO (2) WEEKS IN ADVANCE to Parking Services, Box 1044, Room 1113, Rendleman Hall. Questions may be directed to Parking Services, (618) 650-3680.**

*Arrangements for guest parking at the East St. Louis Higher Education Campus or the School of Dental Medicine may be made by contacting the Office of the Assistant Vice Chancellor for Administration OR the Office of Business Affairs respectively.*

Denied \_\_\_\_\_ Reason: \_\_\_\_\_

Approved \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_