

Guest Parking Request Form (2 - 4 Visitors)

St. Cloud State - Public Safety - Parking & Transportation

Instructions:

Please submit guest parking requests prior to the scheduled start time of guest arrival. Each field below must be completed to ensure the request is fulfilled in a timely manner. If license plate information is not available, write 'N/A' in the license plate field.

Late or incomplete applications may delay processing.

Guest parking permits are intended for visitor use only and may not be issued to SCSU faculty, staff or students for any reason. SCSU departments requesting guest permits are responsible for their proper distribution and use. Attempting to reuse or write over an issued permit maybe subject to revocation of permit and a parking citation for displaying an invalid permit.

Parking permits issued to visitors do not allow visitors to park in specialty spaces such as service vehicle spaces, loading docks, handicapped spaces without proper handicap permit, pay-as-you-go spaces or fire lanes. Assigned permits will allow parking in specific lot or area as indicated on the permit itself.

<i>Section 1: To be completed with information about the person submitting the request.</i>
--

Contact Person:	Phone Number:
------------------------	----------------------

Department:	Cost Center #:
--------------------	-----------------------

Event Name & Location:	
-----------------------------------	--

Desired Parking Location:	Number of Permits:
----------------------------------	---------------------------

Arrival Time:	Departure Time:
----------------------	------------------------

<i>Section 2: To be completed with information about the visitor.</i>
--

Visitor #1:

Last Name:	First Name:
------------	-------------

Vehicle License Plate #:	Date(s) Requested:
--------------------------	--------------------

Nature of Campus Visit:	
-------------------------	--

Section 2 CONT'D: To be completed with information about the visitor.

Visitor #2:

Last Name:	First Name:
Vehicle License Plate #:	Date(s) Requested:
Nature of Campus Visit:	

Visitor #3:

Last Name:	First Name:
Vehicle License Plate #:	Date(s) Requested:
Nature of Campus Visit:	

Visitor #4:

Last Name:	First Name:
Vehicle License Plate #:	Date(s) Requested:
Nature of Campus Visit:	

Please return completed form to Parking Services either via hand delivery to the Front Desk of PSC, inter-campus mail or email at parking@stcloudstate.edu.



ST. CLOUD STATE UNIVERSITY