

Event Parking Request Form

Please print out form, fill out and return to ISU-Parking@mail.indstate.edu or fax 237-8207.

1. Event Name: _____
2. Event Date (ex. Saturday, January 1, 2013): _____
3. Event Start Time: _____ Event End Time: _____
4. Location of the event: _____
5. Lot(s) Requested: _____
6. Time your guests will arrive: _____
7. Time your guests will exit the lot: _____
8. Number of People/Cars expected: _____
9. Information for the Lot Signage (if reserving West Lot):

10. Department/Organization making the reservation: _____
11. Contact Name: _____
12. Phone number: _____
13. Email address: _____
14. Billing Address or Account: _____

After submitting the above information, you will be contacted by Parking Services to discuss your event and plan for your parking needs.

****THIS REQUEST IS NOT A RESERVATION UNTIL YOU HAVE RECEIVED CONFIRMATION FROM
PARKING SERVICES.**

For additional information, please contact Lori Elkins at Lori.Elkins@indstate.edu or 812-237-8888.