

**North Dakota State University  
Facilities Management  
Event/Conference Parking Request Form**

Date: \_\_\_\_\_

Name of Hosting Department/Organization: \_\_\_\_\_

Event Location: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Hours of Event: \_\_\_\_\_

**Parking Arrangements needed:**

- Quantity of Parking permits \_\_\_\_\_
- Special (VIP, handicap, etc) permits \_\_\_\_\_
- Lot Requested \_\_\_\_\_
- Additional Notes

Requested by: \_\_\_\_\_ Phone/e-mail: \_\_\_\_\_

**Billing Information**

NDSU Department/Organization

Name: \_\_\_\_\_

Organization ID: \_\_\_\_\_

Address: \_\_\_\_\_

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**OFFICE USE ONLY**

Lot/Parking Assignment: \_\_\_\_\_ Authorized by: \_\_\_\_\_