

Event Parking may be requested for events that are hosted by departments, offices, and organizations. **Guest Permits are to be issued to and used only by University guests** (including, but not limited to, visitors and vendors); **they are not to be used by students.** Permits are valid for parking in General parking spaces (unless designated otherwise), but are not valid in on-street parking spaces.

INSTRUCTIONS

Submit completed form via e-mail to parking@sjsu.edu, via fax to 408-924-6566, via mail to SJSU Parking Services, One Washington Sq., San Jose, CA 95192-0166, or in-person to the Parking Services office (located in the University Police Building). **All event requests must be submitted with a minimum of 7 business days prior to guest arrival.** If a request is not submitted within the appropriate time frame, we cannot guarantee a permit will be ready in time for the invited guest and may require the invited guest to purchase a permit. **If a request is submitted late and we can fulfill the request, a late event fee will be added to the total cost.** Parking Services will contact you when your request has been processed.

REQUESTER INFORMATION - REQUIRED		
Requesting College, Division, Auxiliary, or Organization	Mailing Address or Location on Campus	
Requesting Department or Office	Dept. UID Number <i>(if known)</i>	
Requester Name	Requester E-mail	
Requester Telephone	Requester Fax	
EVENT DETAILS - REQUIRED	BILLING INFORMATION - REQUIRED TO PROCESS EVENT	
Event Name _____	SJSU-Affiliated Events SJSU Chartfield _____ - _____ - _____	
Event Location _____	Foundation <i>(please specify)</i> : <input type="checkbox"/> Tower <input type="checkbox"/> Research	
Event Date(s) _____ to _____	_____ - _____	
Event Time Duration _____ (am/pm) to _____ (am/pm)	Other <i>(please specify)</i> : _____	
Estimated Number of Guest Permits Requested _____	Non-SJSU-Affiliated Events A deposit (creditcard, check, or cash) based on projected usage will be required; the deposit amount will be determined after the event parking rate has been approved. Following the event, final payment must be submitted for the outstanding balance.	
Special Request(s) <i>(if applicable)</i> : _____ _____		
CERTIFICATION - REQUIRED		
I certify that I am authorized to request Event Parking on behalf of my department, office, or organization, and agree to abide by all rules and regulations concerning the proper use of such permits.		
Signature _____	Date _____	
FOR OFFICE USE ONLY		
Date Received _____	Guest Permit(s) Issued	Event Parking Rate
Log Entry _____	ePermit _____	Rate \$ _____
Date Fulfilled _____	_____ to _____	Approval _____
Date Contacted _____	_____ (used) x \$ _____ (rate) = \$ _____ (total)	Deposit Amount \$ _____
Date Billed _____	Pick Up Signature _____	Deposit Received _____
	Date _____	Deposit Check # _____