

UNIVERSITY of HOUSTON

Parking and Transportation

Phone: 832.842.1097 • Fax: 713.743.5855 • Please email form to parking@uh.edu

REQUEST FOR SPECIAL PARKING

Please complete and return this form to request special parking for conferences, meetings, or other events. ALL areas of the form must be completed; incomplete forms will not be processed.

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

Department: _____ Department Mail Code: _____

Name of Event: _____

Date(s) of Event: _____

Form of Payment: Service Center Requisition _____ Check _____

If by SCR, PeopleSoft Cost Center to be Charged _____

If form of payment is by check, upon receipt of invoice, make payable to University of Houston and deliver to UHPTS
4224 Elgin St. Bldg. E, Houston TX. 77004 (Mail Code 2007)

Time(s) of Event _____ a.m. _____ p.m. - _____ a.m. _____ p.m. Expected Time of Guest Arrival: _____

Event Location: _____ Requested Parking Location: _____

Est. # Parking per Day: _____ # Permits Required: _____

Parking Attendant YES NO Hours Attendant Required: _____ a.m. _____ p.m. _____ a.m. _____ p.m.
Number of Attendants: _____

By opting not to have a parking officer, the requesting department will be liable for spaces being blocked, and reserved. If spaces become unavailable due to an unauthorized individual removing barricade(s), the department is still accountable for payment.

Special Needs: _____

For Parking Services Use Only

Date: _____ Location: _____

Cost for Spaces: _____ Set up/Take down Fee: _____ Charge for attendant: _____

Estimated Total Cost: _____ Supervisor Signature: _____