

Visitor Parking Request

This form is to be completed for department sponsored guests of less than 7 individuals visiting campus. For groups of 7 or more, please fill out a Group Parking Request Form. For groups of 50 or more, please call 404-413-9500. Forms should be submitted 24 hours prior to the event.

Name of Event _____

Location of Event _____

Requester	University Account Number Speed Type and Expiration Date	Department
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Office Phone	E-mail	Fax Number
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Date of Event	Time In	Time Out
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Number of Parking Spaces	Deck/Lot First Choice	Deck/Lot Second Choice
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Guest Name(s):

Type of Pass Required:

☐ Daily (Parking charge is paid by guest. Space is not guaranteed if lot gets full.)

☐ Prepaid (The sponsoring department, faculty, or staff member pays the parking fees. Employee parking may not be purchased with state procurement cards.)

Amount \$ _____ Authorized Signature _____ Date _____

Full-time Faculty and Staff ONLY

FOR AUXILIARY AND SUPPORT SERVICES USE ONLY:

_____ Copy of Green Card or Speed Type

Date _____

Deck/Lot Assigned _____

Called In By _____

Confirmation Type _____
Email, Phone, Front Window

Received By _____