

Event Parking Request

Please submit requests *a minimum of two weeks prior* to your event. (Requests are approved based on available space.)

Boise State University 208-426-PARK (7275)
1910 University Drive 208-426-3343 FAX
Boise, ID 83725-1290

E-mail Questions: prkevtreq@boisestate.edu
Department of Parking & Transportation Services
Parking • Transportation
Building Location: 1001 Lincoln Avenue

Department/Agency: _____

Date: _____

Contact Person: _____

Phone: _____

FAX: _____ e-mail: _____

Mail Stop: _____

Organization Type: **Non Profit:** Yes No **ASBSU Function:** Yes No

Academic Sponsored Event: Yes No

Outside Agency Billing Address: _____

Sponsored By: _____

May require proof of Liability Insurance

Event Name: _____

Event Date(s): _____

Event Location: _____

Starting Time(s): _____ Ending Time(s): _____

Parking Lots (you would prefer): _____

Staffing: Yes No (Staffing includes barricaded areas with personnel to monitor for your event use only. **Cost:** Varies)

Expected Attendance _____ Expected # of Vehicles: _____

Confirmation Requested: Yes No **Confirmation by:** Phone FAX E-mail

Payment Options: Check/Cash Credit Card ORG ID Code: _____ ACCT Code _____

By my signature I understand that I will *give notice of cancellation a minimum of 7 days prior to* Event listed above or I will be charged the full amount.

(Required)

Signature: _____

For Office Use Only

Date Confirmed: _____

Date Posted: _____

Lots Reserved: _____

Load-In: _____ Load-Out: _____ Lot Fee: _____

Traffic Control

Arrangements: Staff _____ Supervisor(s) _____ Labor Cost: _____

Signs: _____ Permits: _____ Equipment Cost: _____

Contracted Staff Costs: _____ **Total Cost:** _____

Other Considerations: _____

Invoice Date: _____ **Invoice #:** _____ **IN#** _____