

VISITOR PARKING PASS REQUEST FORM

INSTRUCTIONS: Complete this form and return it to Welcome Center & Parking Services at the Conrad Welcome Center or fax to 395-2405. Campus maps are available at: http://www.basc1.com/parking/PDFs/parking_map.pdf

Note: Large quantities of maps may be ordered from the print shop.

Today's Date: ___/___/___ Requesting Dept.: _____

Contact Name: _____ Contact Phone: _____

Event Planned: _____ Date of Event: _____

Important: An approved copy of the Event and Room Reservation Form from the Office of College Events must be attached to this request if non-departmental space is to be used. Time of the Event: _____

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Visitor Parking Pass(es)—\$2/day per pass

Number of Passes Needed: _____ Check One: Pick-up hangtags Send via campus mail

Check One: Bulk Passes Specific Date(s) Needed: ___/___/___ thru ___/___/___

Please note: For events expecting more than 25 cars, lot X or the Park & Ride will be assigned. Hosted events with 10 - 24 participants will be assigned to lots D, D1, T, or V. Passes are only issued to visitors who are not compensated by the University or affiliate. Students, graduate assistants, research assistants, faculty, or staff (i.e. temporary, part-time, etc.) are ineligible. Permits are required during the summer. If you have any questions, please call 395-PARK.

Hood Metered Space(s)—\$10/day per meter

Number of Meters Needed: _____ Dates Needed: ___/___/___ thru ___/___/___

Location desired (circle one): A Allen Loop Cooper D1 N O T Tower East V

Reserve Parking Area—\$40/day per area

Number of Spaces Needed: _____ Dates Needed: ___/___/___ thru ___/___/___

Location desired (circle one): D1 T V

Hire an Attendant—\$20/hour per attendant

Number of Attendants Needed: _____ Hours Needed: _____

Method of Payment

Check one:

Charge account # _____.

(Welcome Center & Parking Services will request a journal transfer through Accounting on the 15th of each month.)

Check payable to The College at Brockport enclosed.

FOR OFFICE USE ONLY

Visitor Pass #'s: _____ Mailed/PU Date: _____



Raye H. Conrad Welcome Center
350 New Campus Drive, Brockport, New York 14420
Phone: 585/395-PARK **Fax:** 585/395-2405
Email: park@brockport.edu **Web:** www.basc1.com (select parking)

SPECIAL EVENT PLANNING WORKSHEET

Estimated number of people attending from on-campus: _____

Estimated number of people attending from off-campus: _____

Are people arriving by bus? Yes No

Are VIP guests attending? Yes No

Is disability parking required? Yes No If yes, how many spaces will you need? _____

Is loading/unloading required? Yes No

Is custom signage (24" x 18") required? Yes No (Cost is \$20/sign)

Is certified driver needed? Yes No (Cost is \$25/hour)

Additional notes about your event:

Authorized Signature: _____ Date: _____

Print Name: _____