



**NORTH CAROLINA AGRICULTURAL AND  
TECHNICAL STATE UNIVERSITY**

**PARKING AND TRANSPORTATION SERVICES**

PARKING SERVICES

*This form is to be utilized to request parking services for University events. Please complete this form and return it via fax, email, or in person to the University Event Center at (336) 285-2580 or [uec@ncat.edu](mailto:uec@ncat.edu). Your confirmation will be emailed to you after processing.*

**Contact Information**

Contact Person: \_\_\_\_\_ Email : \_\_\_\_\_

Department/Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Event Information** (Please check all that apply)

VIP Parking      Vehicular/Pedestrian Assistance      Other: \_\_\_\_\_

Total Visitor Spaces Requesting (if applicable): \_\_\_\_\_

Name of Event : \_\_\_\_\_ Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location/Facility \_\_\_\_\_ Expected headcount: \_\_\_\_\_ Time of Event: \_\_\_\_\_

**Additional/Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARKING SERVICES USE ONLY**

RECEIVED BY: \_\_\_\_\_

RECEIVED ON DATE: \_\_\_\_\_

\_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

# of Spaces Approved: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Parking Area: \_\_\_\_\_

Total Hours of Service Required: \_\_\_\_\_

# of Parking Attendants Assigned: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_