

Binghamton University Parking & Transportation Services
Event Parking Request



Please complete the event form below and email a copy to ffrear@binghamton.edu.

| | | | |
|--------------------------|-------------------|------------------------------|--|
| Request Date: | Contact Name: | | |
| Department/Organization: | | Phone: | |
| Email: | | Account to Charge: | |
| Event Name: | | | |
| Event Location: | | Expected Number of Vehicles: | |
| Event Date: | Event Start Time: | Event End Time: | |

Additional
 Comments: _____

Event Type (Pick at Least One):

Pay by Space/Lot

Guest Passes – Garage / Paid Lot

Resources Requested:

Traffic Control Attendant

Directional Signage to Park

For office use only:

Lot Assigned: _____ Date/Time: _____

Attendants Assigned: _____

of Barricades: _____ # of Signs: _____