

SDSU Advance Parking Permit Purchase Request

With this form, SDSU departments and auxiliary organizations may purchase an advance supply of "Faculty/Staff" parking permit *for guest use only*.

1. **Type One Permits** (one day only).
2. **Type Three Permits** (weekly or semester); department must provide dates of the event and attach written justification for request.
3. **"No Cite"** Requests For Special Events in lieu of permits.

Permits purchased through this process are for guest use only, allowing visitors to SDSU to park in "Faculty Staff" lots. These permits cannot be distributed to faculty, staff or students. Violations may result in the suspension of authorization to purchase these permits.

All purchases are final; no refunds or replacements.

| | | | | |
|--|-------|------------|--------|------|
| # of Type One (daily) permits requested: | _____ | @\$3.00 | Total: | \$ - |
| # of Type Three (weekly) permits requested:* | _____ | @\$9.00/wk | Total: | \$ - |
| # of Type Three (semester) permits requested:* | _____ | @\$117.00 | Total: | \$ - |
| # of Vehicles for "no cite" requested: (Mon.-Fri.) | _____ | @\$3.00 | Total: | \$ - |
| # of Vehicles for "no cite" requested: (Sat/Sun) | _____ | @\$2.00 | Total: | \$ - |

* Type Three requests must be accompanied by a written justification from the department..

Total amount to be billed to the Department/Auxiliary Organization: \$ -

NOTE: Billing information must be submitted with this form. We cannot accept auxiliary account numbers, only auxiliary P.O.'s or Oracle account numbers.

Oracle Acct# to be billed: _____ . _____ . 61705 . _____ . _____ . _____ . 0000

Auxiliary Organization PO to be billed: _____

Department/Auxiliary Organization to be billed: _____

Authorized by (print): _____

Date of Event: _____ Suggested Area for a "No Cite." _____

Purpose of Event: _____

Beginning and Ending Time of Event: _____

Phone #: _____ E-mail: _____

Signature: _____ Date: _____

Submit completed form (and attached justification for Type Three permits) to Janie Guerrero at the Department of Public Safety, Parking Office, Mail Code 4390. Requests may be faxed to (619) 594-1015.

FOR PUBLIC SAFETY USE ONLY

Type One permits Issued: # _____ through # _____
 Type Three permits Issued # _____ through # _____
 Number of vehicles for "No Cite" _____
 Parking Lot/Structure for "No Cite" _____ Levels _____ Event Times _____

Authorized by: _____ Date: _____

FOR ACCOUNTING SERVICES USE ONLY

Date Submitted to Accounts Payable: _____

By: _____

Deposit to Oracle Account # 70030.951.58040.0000.2625.5001.0000
Item Code # 07205