

**ST. MARY'S UNIVERSITY
POLICE DEPARTMENT**

RESERVED PARKING REQUEST

ALL REQUESTS MUST BE SUBMITTED FOUR (4) DAYS PRIOR TO THE SCHEDULED EVENT. SEND COMPLETED FORMS (INCLUDING AN AUTHORIZED SIGNATURE) TO: UNIVERSITY POLICE, ATTENTION: RESERVED PARKING, CAMPUS MAIL BOX 70 OR FAX (210) 431-6757.

Event: _____

Date: _____ **Day:** _____

Starting time: _____ **Ending time:** _____

Requested by: _____

Department: _____ **Phone#:** _____

Requested location: Lot D _____ Lot T _____ **Other Location:** _____

Reason for exception: _____

Total number of spaces requested: _____

RESERVED PARKING GUIDELINES

- Reserved parking must be approved, using this form, by the President or the Vice President of the requesting person and/or department.
- Reserved parking areas will be designated in either ***parking lots D or T (Commuter student parking area), and limited to a maximum of 25 spaces.*** ***Parking for more than 25 guests will be directed to parking lots D, F or H.*** In these situations, cones and/or barricades will NOT be used, however, the host/event coordinator will be responsible for instructing guests to park in these areas only and must provide details regarding the event (type of event, date, time, etc.) to the University Police Department, to include the expected number of guests.
- Requests for 10 or more parking spaces in parking lots D or T will require the presence of a Public Safety Officer to redirect commuter students to other appropriate parking spaces.
- Parking spaces will be monitored 15 minutes prior to the starting time of the event and then re-opened for use 30 minutes after the starting time of the event.
- Parking spaces will be reserved by using either a traffic cone(s) or barricade(s), depending on the number of spaces requested.

President/Vice President Approval: _____ **Date:** _____

-----**DO NOT WRITE BELOW THIS LINE - FOR POLICE DEPARTMENT USE ONLY**-----

1st, 2nd, or 3rd Shift will reserve spaces by _____ for use on _____

Special Comments/Instructions: _____

Request received by: _____ **Time/Date received:** _____