

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

Parking Services – Special Request Form

Requesting Department/Group/School: _____ Date of Request: _____
Contact Name: _____ Phone Number: _____ Event Contact Email: _____
Account Title/Budget Purpose Number: _____ Billing/Reporting Use Email: _____
Fiscal Officer/Delegate Signature: _____

Request for Guest Virtual Permit(s) (non-university personnel) (\$5.00 per day, \$30.00 per semester requested)

Requested Lot(s): _____ Estimated Number of Guest Uses: _____
Date(s) and Time(s) Required: _____

Request for Small Event Parking - Virtual Permits (Under 100 Guests) (non-university personnel only) (\$5.00 per use)

Name of Event: _____
Date(s) and Time(s) Required: _____ Requested Lot(s): _____

***Request for Large Event Parking - Suspension of Ticketing (Over 100 Guests) (\$100 per hour/per lot)
(Lot B - \$200 per hour for more than 250 guests, \$225 per hour for lot buyout)***

Name of Event: _____
Requested Lot(s): _____ Date(s) and Time(s) Required: _____

Special Request for New Employee Complimentary 2 Week Virtual Permit (no charge)

Employee Name: _____ Requested Lot(s): _____
Dates Requested: _____ Vehicles Plate/State: _____

Request for Use of LED Signage

To request use of LED signage to support events, use LED Sign Request Form found [here](https://www.siue.edu/parking/pdf/LEDSignRequestFormsep2025.pdf) (https://www.siue.edu/parking/pdf/LEDSignRequestFormsep2025.pdf)

Request for Service Permit (permits issued are to be shared among department employees)

Department Name: _____ School/College: _____
Number of permits currently held in the department: _____ Number of employees in department: _____
Reason Service Permit is needed: _____

Additional Comments: _____

**Special Request Forms must be submitted AT LEAST One (1) WEEK IN ADVANCE to Parking Services, Box 1044, Room 1113, Rendleman Hall. You may fax request to: 618/650-3673 or Email request to: parking@siue.edu
Questions may be directed to Parking Services at 618/650-3680.**

PARKING SERVICES ONLY:

Approved: _____ Signature: _____ Date: _____
Denied: _____ Reason: _____ Cost: _____