Visiting Group Permit Request Form

With this form, Non-SDSU groups or organizations may purchase an advance supply of parking permits for guest use only.

1. **Type One Permits** (one day only).

2. **Type Three Permits** (weekly or monthly); group or organization must provide dates of the event and attach written justification for request.

3. **"No Cite" Requests in lieu of permits.**

Permits purchased through this process are for guest use only, allowing visitors of 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: ________ @ $6.00 Total: $ ________

# of Type Three (weekly) permits requested:* ________ @ $13.00/wk Total: $ ________

# of Vehicles for "no cite" requested: (Mon.-Sun.) ________ @ $6.00 Total: $ ________

* Type Three requests must be accompanied by a detailed written justification.

Total amount to be paid: Total: $ ________

Payment method: Check [ ] Cash [ ]

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 the Parking Services, Mail Code 4390. Requests may be faxed to 619-594-1015 or emailed to parking@mail.sdsu.edu.

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: __________________________

Cash: $ ________ Date: __________________________

Check: $ ________ Cashier: __________________________

Revised 7/1/15