

**University of San Francisco
Department of Public Safety
Special Event Parking Request**

Date: _____

Name of Dept/Organization: _____

Name of Event: _____

Date of Event: _____ time begins: _____ time ends: _____

Location on campus: _____

Expected Occupancy: _____

Officer needed: _____

Lot Selection (check one):

- Kendrick
- Koret (Upper/Lower)
- Hayes-Healy
- Lone Mountain Fee Lot
- Lone Mountain Ramp
- Loyola House Lot

Parking Permits: _____

Reserved Parking Spaces: _____

Shuttle Required? Y/N time begins: _____ time ends: _____

Special Requests: _____

Contact Info

Name: _____

Billing Address: _____

Phone #: _____

Fax #: _____

USF Acct #: _____