



Event Parking Request Form

Request Date: _____ Date(s) of Event: _____

Name of Event: _____

Time(s) of Event: _____ to _____ Estimated Attendee's: _____

Event Location (Campus, Building, Room): _____

Please check box that applies:

**PDF Temporary
Parking Permits**

**Reserve Parking
Spaces**

Number of Parking
Spaces: _____

No Tickets for (Only for events with
"No Permit" more than 30 guests)

Note: Reserved parking does not guarantee that a security guard will be present in the parking lot. For security guard assistant please email Cindy Zavala at czavala7@southtexascollege.edu.

Name of Requestor: _____

Name of Organization/Department: _____

E-Mail Address: _____

Phone Number: _____ Alt. Phone Number: _____

Please intercampus mail, email, or fax forms to the Department of Public Safety located at Pecan Plaza (2509 W. Pecan Blvd McAllen, Texas).

Signature: _____ Date: _____

Do Not Write Below - For STC Department of Public Safety USE ONLY

	Approved	Not Approved	
Reserved Parking:	Parking Lot: _____	Number of Parking Spaces Approved: _____	
Email PDF Permit:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> Campus: _____
Comments: _____			

Received By: _____		Date: _____	

Department of Public Safety

Phone: 956-872-2589

Fax: 956-872-2372