**SPECIAL EVENT REQUEST FORM**

We understand that departments hold special events on all campuses which require parking for visitors.

Please complete this form and forward via email to:

The Office of Safety and Security

Stephen North, Director of Safety and Security, stephen.north@solacc.edu

Mike Terro, Assistant Director of Security, mike.terro@solacc.edu

Please make all requests one week in advance. Cancellations must be made 24 hours in advance.

**Requester Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Start Time/Date of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End Time/Date of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Location of Event:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Lot:** (A) (B) (C) (D) (E) (F) (G) (H) (I) (J)

**Number of Parking Spaces you would like marked off:** \_\_\_\_ **Number of Officer(s) needed:** \_\_\_

*(Unless specified, Officers will be scheduled 30 minutes prior to start of event and 30 minutes after event starts. If Officers are needed longer, the requesting Department may be charged.)*

**Special Requests:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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