



**New Mexico State University
Parking Department**

Request for Controlled Access Parking Placard

ROUTE TO:
Parking Department
MSC 3PAR
parking@nmsu.edu
Phone: (575) 646-1839

Section 1 and Section 2 fields must be completed prior to providing to Parking Department. The signatures of both the Exec. Director Facilities and Services and Exec. Director FS Environmental Health Safety and Risk Management required or the signature of the Assoc. VP Facilities and Services are required for complete approval. Completed form may be dropped off, mailed or emailed to Parking Department. Allow 3 business days for processing.

SECTION 1: REQUESTOR INFORMATION

Requestor Name _____ Email _____ Date

Business or Department Name _____ Phone

Purpose for parking in controlled access area: _____

Request parking from: Date through: Date

Vehicle Make/Mfg. Vehicle Model

Vehicle License Plate License Plate State

SECTION 2: FACILITIES AND SERVICES AND/OR ENVIRONMENTAL HEALTH SAFETY & RISK MANAGEMENT USE ONLY

Executive Director, Facilities and Services or designee
(signature denotes approval of request) Date _____

Executive Director, FS Environmental Health Safety & Risk Management or designee
(signature denotes approval of request) Date _____

Alternatives considered but rejected due to:

Associate Vice President Facilities and Services or designee
(signature denotes approval of request) Date _____

SECTION 3: PARKING DEPARTMENT USE ONLY

Controlled Access Parking Placard

Processed By Date _____