



Visitor Parking - Reserved Space Request Form

Requested Date: _____

Requester's Name: _____

Phone Number: _____

ETSU Box: _____

E-Mail Address: _____

Signature: _____

Dean/ Director/Department Chair: _____

Phone Number: _____

Department Name: _____

Location Of Parking Space Requested:

Lot 31

or

South Dossett Dr.

Reason For Request:

Time that the visitor will be parked

Approved _____

Denied _____

Vernon Bradley, Parking Services Director

Comments:

To Be Filled Out by Parking Services Staff Only

Date Requested: _____

Space number _____ granted from _____ until _____

Completed form must be turned into Parking Services via email to parking@etsu.edu or fax to 423-439-5650 by no later than 3:00 p.m. the day before the requested reservation date to be eligible for a reserved space. Reservations are available based on need and availability.