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

__________________________________________________________________________

Vernon Bradley, Parking Services Director

Comments: ___________________________

Approved ________ Denied ________

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.

Updated 03/20/2019