



THE UNIVERSITY OF
MEMPHIS
Parking and
Transportation Services

Garage Rental Request

ALL INFORMATION MUST BE COMPLETED.

Forms submitted, where all portions have not been filled out, without the required paperwork and signatures will delay processing your request. We will not process any request without these requirements being met.

SUBMIT A SEPARATE FORM FOR EACH DATE OF SERVICE REQUESTED IF NOT SEQUENTIAL

BILLING INFORMATION

Department _____ Date _____
Contact Person(s) _____ Phone _____
Email _____

For billing purposes, valid account information is required.

Please note: It is the responsibility of the department requesting special event shuttle service to provide valid account information on this form. Should erroneous account information be submitted by the requesting department and the account billed for special event shuttle service received, it remains the responsibility of the requesting department to correct these charges. Should the error have been made by Parking and Transportation Services, please notify us and we will make the correction.

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FUND

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ORGANIZATION

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ACCOUNT

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PROGRAM

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ACTIVITY

FOR FOUNDATION ACCOUNTS ONLY

Foundation Account Title _____ Account # _____

Mailing Address _____
Street Address City State Zip

By signing this form, I understand and agree to the following:

- All information, terms and conditions set forth in the Reservation Information Forms
- All reservations are subject to the approval and are based upon garage availability

Printed Name of Approver/Principle Investigator

Signature of Approver/Principle Investigator

Date

Parking and Transportation Services
505 Zach Curlin Parking Garage
Memphis, TN 38152
Phone (901)678-2212 Fax (901) 678-4962
parking@memphis.edu



THE UNIVERSITY OF
MEMPHIS

Parking and
Transportation Services

Garage Rental Request

Event Date _____

Garage Requested Zach Curlin _____ Innovation _____

of Attendees _____

Vendors _____ #of Vendors _____

Group Name _____

Group Contact Person Phone Cell _____

Group Secondary Contact Person Phone Cell _____

Please note: Complete times, garage location and itinerary must be submitted along with request. We will not process any requests with "to be announced" details.

Event Start Time _____

Event Completion Time _____

Depending on the circumstances of the date requested, Parking will determine when, and or if, the gates will be opened for the start and end of the event.

DETAILS OR SPECIFIC INSTRUCTIONS: (please include itinerary if available)

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