

Thank you for taking the time to complete the Transportation Services Event Request.  
We value each request and their individual needs.

**Our automatic submission process is temporarily off-line so please  
download this form and email it to [Transportation.Events@unt.edu](mailto:Transportation.Events@unt.edu).**

**Event Contact/Organizer**

Contact First & Last Name	<input type="text"/>
Department/Organization Name	<input type="text"/>
Phone Number	<input type="text"/>
Contact Email	<input type="text"/>

**Event Information**

Event Name	<input type="text"/>
Event Location	<input type="text"/>
Event Date(s)	<input type="text"/>
Event Start Time (Including set-up)	<input type="text"/>
Event End Time	<input type="text"/>

**EMS Reservation # (If Applicable)**

**Event Description- Please be as detailed as possible**

## Event Expectation of Guest for Arrival & Departure

- Walking
  - Self-Park
  - Valet
  - Shuttle/Bus
- 

## Event Needs- Check all that Apply

- Transportation
  - Parking
  - Equipment
  - Staffing
- 

## Number of Guests & Students Attending

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## Number of Parking Permits Requested

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## Event Payment Options

- In Person at the Office via Cash/Check/Credit Card
- Check by Mail
- UNT Department will pay via Interdepartmental Transaction
- Guests pay for Individual Parking
- Other (Please Explain)

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If paying via Interdepartmental Transaction, please include the Chart String below.

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**Billing Contact-** see last page, if different from event contact

Contact First & Last Name

Department/Company Name

Contact Address

Contact Phone Number

Contact Email

**Billing Contact- Different from Event Contact. This is the Accounts  
Receivable/Account Holder**