**REQUEST TO RESERVE A CAR PARKING SPACE**

Please complete the form and return to both [car.parking@stir.ac.uk](mailto:car.parking@stir.ac.uk) and [graham.seath@stir.ac.uk](mailto:graham.seath@stir.ac.uk) your request will be logged.

If there are any problems with your request we will get back in touch with you. Please click on this link [here](https://www.stir.ac.uk/estates/howdoi/reserveacarparkingspace/) to read the guidelines.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Meeting / Event:** | | | | Click here to enter a date. | | | | | **Expected Time of Arrival / Departure** | | | | **Arrival:** | | | | | Click here to enter text. | | |
| **Departure:** | | | | | Click here to enter text. | | |
|  | | | | |  | | |  | |  | | | | | |  | | |  | |
| **Location of Meeting / Event:** | | | | Click here to enter text. | | | | | | | | | | **No. of Spaces required:** | | | | | | Please select |
| **Preferred Car Park:** | | | | Click here to enter text. | | | | | | | | | | **Disabled Spaces:** | | | | | | Please select |
|  | | | |  | | | | | | | | | |  | | | | | |  |
| **Meeting/Event Name (if known):** | | | | | | Click here to enter text. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Please complete below, name of visitor(s) and car details (if known).** | | | | | | | | | | | | | | | | | | | | |
| **1** | Name | | | | | | Organisation/Business | | | | | | | | | | | | | |
| Vehicle Reg. | | | Make & Model | | | | | | | | | | | | | | Colour | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **2** | Name | | | | | | Organisation/Business | | | | | | | | | | | | | |
| Vehicle Reg. | | | Make & Model | | | | | | | | | | | | | | Colour | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **3** | Name | | | | | | Organisation/Business | | | | | | | | | | | | | |
| Vehicle Reg. | | | Make & Model | | | | | | | | | | | | | | Colour | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **4** | Name | | | | | | Organisation/Business | | | | | | | | | | | | | |
| Vehicle Reg. | | | Make & Model | | | | | | | | | | | | | | Colour | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Contact Name:** | | Click here to enter text. | | | | | | | | | | **Date:** | | | | Click here to enter a date. | | | | |
| **Department:** | | Click here to enter text. | | | | | | | | | | | | | | | | | | |
| **Authorised by:** | |  | | | | | | | | | | | | | | | | | | |
| **Where an individual Department is required to pay for a space(s), please enter charge code below.** | | | | | | | | | | | | | | | | | | | | |
| **Department Charge Code:** | | | Click here to enter text. | | | | | | | | **Cost:** | | | | Choose an item. | | | | | |