

PARKING LOT CLOSURE APPROVAL FORM

Department: _____

Responsible staff member: _____

Explanation of event: _____

Lot, date, and time for closure: _____

Other possible locations for event: _____

Issues with other locations: _____

Alternative parking locations for displaced parkers: _____

Method of communication to affected parkers: _____

APPROVED:

Department Head/Director _____

Dean _____

Vice President/Provost _____

After all signatures are obtained please send by email to parking@purdue.edu.