





2800 Victory Blvd., Staten Island, NY 10314 \* 718-982-2111 \* Fax 718-982-2057

## **Request For Overnight Parking On Campus**

Parking on campus is intended for students, faculty, and staff who purchase and display an authorized parking permit.

Emergency Overnight Parking - Requests for one (1) night emergency overnight parking must receive prior authorization from the Director of Public Safety.

Long Term Parking - Only those members of the college community who have purchased a parking permit and who are engaged in college related activities may be granted permission to leave their vehicles on campus for extended periods, not to exceed five (5) nights.

Any request for overnight or extended parking must adhere to the following steps:

- 1. All captions on this form must be completed.
- 2. Long Term Parking requests must first be approved by the Department Chairperson, Department Head or Dean.
- 3. All requests must then be forwarded to the Director of Public Safety for review and approval.

Staff/faculty parking Lot #1 will normally be designated for overnight parking. Requests to leave vehicle in another location will be reviewed on a case by case basis by the Director of Public Safety. All valuables should be removed from vehicle prior to parking your vehicle in Lot #1.

## CSI WILL NOT BE RESPONSIBLE FOR ANY LOSS OR DAMAGE THAT MAY OCCUR.

| Name   | Vehicle Make                 |                            |  |
|--|------------------------------|----------------------------|--|
| Department                                       | Vehicle Model                |                            |  |
|  | Vehicle Year                 |                            |  |
| Department<br>Phone Number                       | Vehicle Color                |                            |  |
| Emergency Contact<br>Phone Number                | CSI Parking<br>Permit Number |                            |  |
| [  | License Plate<br>Number      |                            |  |
| Name and Location of<br>College Related Activity | <u>Dates (not to exc</u>     | not to exceed five nights) |  |
|  | From                         | То                         |  |
|  |                              |                            |  |

**Requester's Signature** 

Please fax completed form to the Director of Public Safety at extension 2057

Department Chairperson, Dean, Head of Program or Office