



New Mexico State University Transportation and Parking Services Departmental Placard Request Form

for FY 2017-2018

Section 1: (Please Print Legibly or Type) REQUESTOR INFORMATION

Today's Date is: _____ Requestor Name: _____
 Email Address: _____ Phone: _____ Campus Box: _____

Instructions:

1. **All areas are required**
2. Print Form
3. Signature of Department Head is required.
4. Submit this Form:
 - a. **Via Campus Mail: MSC 3PAR**
 - b. **As a PDF attachment to email address: placard@nmsu.edu**
 - c. **Fax to 646-7814**

Department Information

Full Department Name: _____
 Department Head Name: _____
 Department Address: _____

Index Number: _____ **Fund Number:** _____

Placard Information

PLEASE PROVIDE ONE PLACARD NUMBER FROM A PREVIOUS YEAR: _____

PLEASE PROVIDE THE UID # (Located on the placard under the Department name): _____

Placards are \$40 each:

Departmental Loading/Unloading Placard: Quantity: _____
 Departmental Visitor Placard: Quantity: _____
 Special Designation Placard: Quantity: _____
 (Ex: Pete Placards, Speech & Hearing)
 Special Designation Placard Purpose: _____

Section 2: (Must be completed) APPROVAL

Department Head Signature: _____ Date: _____

Section 3: PICKUP

Departmental Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Approved By: _____ Date Completed: _____
 Date Customer Notified: _____ Notified By: _____ Notification Method: E-mail: Phone:
 Date Processed: _____ Processed By: _____ Receipt #: _____