

NMSU PARKING & ID CARD SERVICES DEPARTMENTAL PLACARD REQUEST FORM



Instructions:

1. **ALL FIELDS ARE REQUIRED!**
2. Signature of Department Head is required.
3. Submit this form via email to: placard@nmsu.edu

REQUESTOR INFORMATION

DATE: _____ REQUESTOR NAME: _____
 EMAIL: _____ PHONE: _____

DEPARTMENT INFORMATION

FULL DEPARTMENT NAME: _____
 DEPT ADDRESS & BUILDING NAME: _____
 INDEX NUMBER: _____ FUND NUMBER: _____
 DEPARTMENT HEAD: _____
 DEPT HEAD APPROVAL SIGNATURE: _____ DATE: _____

PLACARD INFORMATION

PLACARD # FROM PREVIOUS YEAR (if available): _____
 DEPT UID# (Located on the placard under the Department name): _____

DEPARTMENT LOADING/UNLOADING PLACARD (\$44 each)	DEPARTMENT VISITOR PLACARD (\$44 each)	DEPARTMENT SPECIAL DESIGNATED PLACARD (\$44 each)
Quantity Needed:	Quantity Needed:	Quantity Needed:

PICKUP

DEPARTMENTAL SIGNATURE _____ DATE: _____

FOR OFFICE USE ONLY

Date Rec'd _____ Approved by: _____ Date Completed: _____
 Date Notified _____ Notified by _____ Notified how: Email _____ Phone _____
 Date Processed _____ Processed by _____ Receipt # _____

