

**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
 - a. Campus mail: MSC 3PAR
 - b. As a PDF attachment to email address: placard@nmsu.edu
 - c. Fax to (575) 646-7814

Requestor Information
Please print legibly or type

Date: _____ Requestor Name: _____

Email: _____ Phone: _____

Department Information
Please print legibly or type

Full Department Name: _____

Department Head: _____

Department Address & Building Name: _____

Index Number: _____ Fund Number: _____

Department Head Approval Signature: _____ Date: _____

Placard Information
Please print legibly or type

Please provide one placard number from a previous year: _____

Please provide dept. UID# (Located on the placard under the Department Name) _____

Departmental Loading/Unloading Placard: Quantity: _____ (\$ _____)

Departmental Visitor Placard: Quantity: _____ (\$ _____)

Special Designation Placard: Quantity: _____ (\$ _____)
(Ex. Speech & Hearing)

Special Designation Placard Purpose: _____

Pickup
Please print legibly or type

Departmental Signature _____ Date: _____

FOR OFFICE USE ONLY

Date Rec'd _____ Approved by: _____ Date Completed: _____

Date Notified _____ Notified by: _____ Notification method: Email _____ Phone _____

Date Processed _____ Processed by: _____ Receipt # _____

