



UNIVERSITY
of HAWAII®
MĀNOA

Special Parking Pass Request Form

Date Requested

Department: _____ Phone: _____

Contact: _____
Position _____

Email: _____

Location: _____
Building Name _____ Preferred Zone _____

Payment
Method: _____
Cash _____ Check _____ Charge _____ Scripts _____ Requisition _____

Dates & Time of Visit: _____ Guest Names: _____

of Passes: _____ Remarks: _____

**Parking rates are based on a flat fee of \$5/day per pass. No refunds can be made.
Passes are ONLY issued at the parking office.**

The Parking pass request form must be submitted to the parking office a minimum of 48 hours prior to the date you wish to pick up the pass. Please be aware that passes are limited and early submission of requests will increase the likelihood that the pass will be approved.

PARKING OFFICE USE ONLY			
REQUEST APPROVED / DISAPPROVED		# of Passes: _____	
Zone	Date(s)	Time	Cost
Authorization	Date Notified	Person Notified	