

UNM Parking and Transportation Services  
**Transportation Request**

Return this form to:  
Parking and Transportation Services  
MSC01 1180  
Tel: 505-277-9557  
Fax: 505-277-1709

Date of Request: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Event Coordinator Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_

**1st Pick-Up:**

How many shuttles? \_\_\_\_\_ How many passengers? \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

Pick-Up Location: \_\_\_\_\_

(Include building number and street. Attach special route requirements on a separate sheet if necessary.)

Destination: \_\_\_\_\_

(Include building number and street. Attach special route requirements on a separate sheet if necessary.)

Drop-Off  Wait

**2nd Pick-Up (or Return):**

How many shuttles? \_\_\_\_\_ How many passengers? \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

Pick-Up Location: \_\_\_\_\_

(Include building number and street. Attach special route requirements on a separate sheet if necessary.)

Destination: \_\_\_\_\_

(Include building number and street. Attach special route requirements on a separate sheet if necessary.)

Drop-Off  Wait

**3rd Pick-Up (or Return):**

How many shuttles? \_\_\_\_\_ How many passengers? \_\_\_\_\_ Pick-Up Time \_\_\_\_\_

Pick-Up Location: \_\_\_\_\_

(Include building number and street. Attach special route requirements on a separate sheet if necessary.)

Destination: \_\_\_\_\_

(Include building number and street. Attach special route requirements on a separate sheet if necessary.)

Drop-Off  Wait

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_