

## **Internal Trailer Request Form**

	Basic Information				
Requestor Name:					
Department:					
Ext:		Email:			
Supervisor:					
Responsible Party Name:					
Phone:		Alternative P	hone:		
Email:					
Best Time to Contact:					
		Location & Area of Inte	rest		
Date(s) Requested:		Program or Area of Study:			
Drop-Off Time(s):		Pick-up Time(s):			
Event or Activity Name:					
Objective or Goal:					
How many are expected to attend the event?					
Address:					
	Street Address				
	City	State	Zin Code		

Υ	N	Is there a cost associated with this event? (if so, please attach vendor request form)		
Υ	N	Are there generator restrictions? (Please call to verify if we are permitted to use ours. If not the		
		minimum requirement is 100 Amps.)		
Υ	N	Can the truck be left with the trailer?		
Υ	N	If this is a multi-day event, can the trailer be taken off premises daily?		
Υ	N	Will you need additional personnel for this event? If so, how many?		
Υ	N	Have you completed an Astra request?		
Υ	N	Have you completed a work order?		
Comments:				

**Additional Needs** 

## Instructions

Once this form has been completed please forward it to the Executive Administrative Assistant to the Vice President of Academic Services and the Director of Marketing and Public Relations. In addition to forwarding this form, please be sure to complete a request in Astra and a work-order to reserve the trailer. If this is your first time reserving the trailer, you must meet with the Vice President of Academic Services and a Dean or Associate Dean. Future requests will not require a meeting. All reservations are tentative until final approval is given by Vice President of Academic Services.

## Notice

Please note that the trailer must have 46 feet of liner space to be parked and handicap accessible.