

**Indiana State University  
Hulman Memorial Student Union  
Information/Parking Services  
Terre Haute, IN 47809**

A) **Department/ Organization Name**

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B) Do you wish to continue your account with HMSU Visitor Parking Lots? Circle your answer.

YES

If yes, please go onto question C.

NO

If no, please go onto question E.

C) **Authorized Signatures:** (I.e. those who are authorized to validate parking tickets by signing their names on the dispenser ticket. List all that are authorized. Use the back of this form if more space is needed.)

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D) **Departmental Stamp:** If you use a departmental stamp to validate parking tickets, please show an example of the stamp in the space below.

E) Have you been satisfied with the parking services you received from HMSU Parking Services? Circle your answers.

YES

NO

Also please rate your satisfaction below.

Excellent

Good

Average

Fair

Poor

F) If your answer to question E was NO, could you please specify what areas you have been dissatisfied?

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G) Are there any further services you wish us to provide for you? If so, please specify.

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H) Name of Person and Phone number completing this form:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

For billing purposes what form of billing do you prefer, Invoice or Intramural Voucher(IV)? Circle your answer.

**INVOICE**

**IV**

Also include the name of the contact person the billing is to be sent and the proper Index and Account code.

Name: \_\_\_\_\_

Index/Acct #: \_\_\_\_\_