

PARKING PERMIT REQUEST

Name: _____

Telephone: _____

Email Address: _____

PLEASE NOTE: Parking permits will be emailed upon receipt of payment. Allow FIVE business days before visit day processing. We cannot take payment via credit cards; cash or check only.

DATE	TIME IN	TIME OUT	# OF PASSES

PLEASE NOTE: Parking permits are not refundable

Please print and complete this form and mail \$26.00 per parking permit payable to MIT

(one permit per car/ per day) to:

Nicole Fountain

MIT Edgerton Center

77 Massachusetts Avenue, 10-110

Cambridge, MA 02139

Fax: 617-253-8058

Email: nicolelf@mit.edu

For office use only:

Date payment received: _____

Date permit issued: _____

Permit #: _____

