

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 for processing.

DATE	TIME IN	TIME OUT	# OF PASSES

PLEASE NOTE: Parking permits are not refundable

Please print and complete this form and mail \$29.00 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: 617-258-8276
Email: nicolelf@mit.edu

For office use only: Date payment received: _____ Date permit issued: _____ Permit #: _____
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