

## 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 \$29.00 per parking permit payable to MIT

(one permit per car/ per day) to:

**Sandi Lipnoski**

MIT Edgerton Center

77 Massachusetts Avenue, 4-408

Cambridge, MA 02139

Fax: 617-253-4629

Email: [slipnosk@mit.edu](mailto:slipnosk@mit.edu)

For office use only:

Date payment received: \_\_\_\_\_

Date permit issued: \_\_\_\_\_

Permit #: \_\_\_\_\_

