



THE EDGERTON  
CENTER <sup>^</sup><sub>T</sub> MIT

**Parking Permit Request**

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

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Program attending** (circle one):

Outreach Program

Edgerton Center

International Development

Date	Time In	Time Out

**Parking permits are non-refundable.**

**Please print this form, and mail \$11.00 per permit** (one permit per car/ per day) to:

Sandi Lipnoski  
MIT Edgerton Center  
77 Massachusetts Avenue, 4-405  
Cambridge, MA 02139

FOR OFFICE ONLY:
Date payment received: _____
Date permit issued: _____