



AFFILIATE PARKING APPLICATION
2009-2010

Name: _____ MIT ID: _____
 MIT Affiliate Organization: _____
 Department Number: _____ MIT Address: _____ MIT Phone: _____
 Company/Organization
 Name: _____
 Address: _____ Phone: _____

Vehicle Information:

| | State | Plate # | Year | Make/Model | Color |
|--------|-------|---------|-------|------------|-------|
| Veh 1. | _____ | _____ | _____ | _____ | _____ |
| Veh 2. | _____ | _____ | _____ | _____ | _____ |
| Veh 3. | _____ | _____ | _____ | _____ | _____ |
| Veh 4. | _____ | _____ | _____ | _____ | _____ |

Parking Permits (please check):

| | | | |
|--------------------------|----------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Regular Commuter | \$872.00 | Calculation of Fees Parking Permit Fee _____ Additional Sticker Fee _____ Occasional Deposit _____ Hands-Free Fee (\$20) _____ Hands-Free Deposit (\$20) _____ <i>Total Parking Fees Due</i> _____ |
| <input type="checkbox"/> | Economy Commuter | \$625.00 | |
| <input type="checkbox"/> | Non-Employee Commuter | \$1,038.00 | |
| <input type="checkbox"/> | Contractor | \$2,000.00 | |
| <input type="checkbox"/> | Occasional and Evening Parking | \$50.00 (\$4/day) | |
| <input type="checkbox"/> | Economy Occasional and Evening Parking | \$50.00 (\$2/day) | |
| <input type="checkbox"/> | Occasional and Evening Deposit | \$100.00 | |
| <input type="checkbox"/> | Additional Sticker(s) | \$30.00 | |
| <input type="checkbox"/> | Volunteer (Justification Required) | \$100.00 | |

Signature of Acceptance: Required
 I understand that by accepting an MIT parking permit I agree to abide by the MIT Motor Vehicle Regulations.
 (Copies available at the Parking and Transportation Office at W20-022)

SIGNATURE: _____ DATE: _____

Payroll Deduction Authorization:
 I authorize MIT to deduct the above parking fees from my paycheck.

SIGNATURE: _____ DATE: _____

Parking Area Requested: _____
 Parking Coordinator's Signature: _____

For Office Use Only

Payment Type: Cash _____ Check _____ Permit Issued _____
 Check Date: _____ Check Amount: _____ Check # _____ Data Entry: _____
 Batch # _____
 Approved By: _____