

Parking Application for Kodak Lot D

Office Use Only:

Semester Requested: _____

Key Card # _____

Deposit Paid: _____

Deposit Returned: _____

Employee's Name: _____

M# _____

Main Campus Assigned: _____ Brighton Campus _____ Downtown Campus _____ ATC

How many days per week expected at the Downtown Campus: _____

Administrator _____ Faculty _____ Staff _____ Full-time _____ Part-time _____

Job title: _____

Department: _____

Contact: MCC phone _____

MCC email _____

Best way to contact you _____

Comments:

Vehicle Information:

Year of Vehicle: _____

License Plate number: _____

Make: _____

Model: _____ 4 door _____ 2 door _____ suburban

_____ Van _____ Truck

Color: _____

Year of Vehicle: _____

License Plate number: _____

Make: _____

Model: _____ 4 door _____ 2 door _____ suburban

_____ Van _____ Truck

Color: _____

Return Form:

- Email as an attachment to: parkingrequests@monroecc.edu
- Drop off: Parking Services Office, Brighton Campus, Bld. 1, Room 102
- US Mail: Parking Services, Room 1-102, Monroe Community College, 1000 E. Henrietta Rd., Rochester, NY 14623