

Parking Application for Kodak Lot D

Office Use Only

Semester(s) 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