



Parking and Transportation Services

61 Lomb Memorial Drive
Grace Watson Hall
585-475-2074
Fax 585-475-7510

Construction Permit Application

Requester's name: _____

Company name: _____

Company address: _____
(Street) (City) (Zip code)

Company phone #: () _____ Cell phone #: () _____

Vehicle Information:

License plate number: _____ State _____

Vehicle Description: _____
(Make) (Model) (Color) (Year)

Nature of business on campus/Project Description: _____

Start/End Date of Project: _____

Areas most often visited: _____

I understand that:

1. I may have no outstanding parking/traffic fines on the RIT campus.
2. The permit is valid only as indicated on its face.
3. I may allow others in my company to use my permit, but I am responsible for informing them of the conditions associated with its use.
4. Any violations of stipulations of the permit, by me or anyone whom I have authorized to use the permit, may result in ticketing or towing at my expense.
5. Continued violation of permit conditions may result in its being recalled or revoked.
6. I must immediately report lost/stolen permits to Campus Safety.
7. My acceptance of a service permit binds me to all of RIT Parking regulations and the above stipulations.

Requester's Signature & Date: _____

Project Manager/RIT Contact: _____ **Phone #** _____

OFFICE USE ONLY

Issued Date: _____ Permit Number **CONS:** _____

Permit Expiration Date: _____ PP Flex Account #: _____

Permit issued by: _____

Copy of Drivers License is required