



Parking and Transportation Services

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

Short-Term Permit Request – Employee/Vendors

Please return the completed form to the Parking Office, and the permit will be mailed to your local or campus address (if approved). A \$25.00 fee is associated with these permits and must be paid at the time of issuance, or included with your application. Please make checks payable to RIT Parking and Transportations Services, or you may use Visa or MC at our office. Short Term permits will not be issued until outstanding parking citations are resolved.

[] Vendors [] Employee (Employee applications must be approved by your Supervisor or Department Chair)

Applicant's name: _____ RIT ID #: _____

Department: _____

Campus address: _____ Campus Phone #: _____
(Building) (Room #)

Vehicle Information

License plate number: _____ State _____

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

Reason for Request: _____

Areas most often visited: _____

If this request is approved, I understand that:

- 1. A \$25 administrative fee for permit is required.
2. Vehicles in which I use must be currently registered with PATS.
3. There is a two (2) hour limit on the use of Short Term spaces.
4. I may have no outstanding parking/traffic fines on the RIT campus.
5. The permit is valid for the period indicated.
6. I may allow others in my department to use my permit, but I am responsible for informing them of the conditions associated with its use.
7. I am responsible for violation of stipulations by me or anyone whom I have authorized to use this permit.
8. I am responsible for ticketing and towing fees that are a result of violation of stipulations.
9. My permit maybe recalled if permit conditions are consistently violated.
10. I must immediately report lost/stolen permits to PATS.
11. The cost to replace a lost or stolen permit is \$25.00.
12. My acceptance of a Short-Term permit binds me to all of the above stipulations.

Applicant's Signature _____ Date _____

Dept. Head/Supervisor Signature _____ Date _____

OFFICE USE ONLY

Date Reviewed: _____ Permit #: _____
Entered into PowerPark: _____ Expiration Date of Permit: _____
Charged back on: _____ By: _____
Restrictions/Comments: _____

