



**Reserved Parking Request Form**

Please download, complete in full and email to: reservedparking@fit.edu

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Faculty Member: \_\_\_\_\_ Staff Member: \_\_\_\_\_ Student: \_\_\_\_\_ Other? (specify): \_\_\_\_\_

Phone #: \_\_\_\_\_ Dept: \_\_\_\_\_ Bldg/Room #: \_\_\_\_\_

Initial Request

Renewal Request \_\_\_\_\_ Note lot number where the parking space is located \_\_\_\_\_

Please explain the reason you are requesting a reserved parking space on campus:

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Facilities/Operations will review all requests for Reserved Parking Spaces.

You will be notified of the outcome of this request within 30 days.

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