



URI-RI NURSING EDUCATION CENTER

VALID MONDAY – FRIDAY , 6 AM – 12 AM; IN/OUT PRIVILEGES DURING ACCESS TIMES, ONLY

BEGINNING DATE ____/____/____ **PASS NO.** _____

URI PARKING PERMIT NO. _____

VEHICLE IDENTIFICATION:

VEHICLE #1		VEHICLE #2	
Year:		Year:	
Make:		Make:	
License Plate #:		License Plate #:	
Registration (State):		Registration (State):	

CONTACT INFORMATION

NAME _____ **STUDENT ID NUMBER** _____

ADDRESS _____ **HOME PHONE** _____

CITY _____ **STATE** _____ **ZIP CODE** _____

EMAIL ADDRESS _____

PLEASE REMOVE ALL VALUABLES AND LOCK YOUR VEHICLE!

Neither the RI Convention Center Authority/SMG or its representatives shall be responsible for your vehicle(s) or its (their) contents. Acceptance of this agreement is acceptance of all rules and regulations applying to parking in RI Convention Center Authority/SMG Parking Facilities. Rules and regulations are available during regular office hours at the Parking Facility office in the North Parking Facility.

My signature indicates my acceptance of the Rules and Regulations of this parking pass program, provided to me.

Parking Customer Signature (Required) **Date**

For URI Administration use ONLY: _____	_____
Authorized Signature	DATE

For RICC use ONLY: _____	_____
Authorized Signature	DATE