

**Syracuse University 2016-2017 CARPOOL Parking Application**

*Note: For SU faculty/staff members only! Permit valid through July 31, 2017. Print all information clearly and include your signature. Incomplete forms will not be processed! All citation balances must be paid before permits will be issued.*

**1. Primary Permit Holder Information**

Name (First, Last, Middle): \_\_\_\_\_ SUID #: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 \_\_\_\_\_ Email address: \_\_\_\_\_  
 Work Address: \_\_\_\_\_

**2. Carpool Members**

SUID #:	Name:	Email:
SUID #:	Name:	Email:
SUID #:	Name:	Email:

**3. Vehicle Information**

State	Plate	Make	Model	Style (i.e. 4-door, hatchback, SUV)	Color	Year

**4. Permit Information: Faculty/staff MUST meet the criteria for the lot of their choice before an assignment will be made.**

Lot Location Choice  
 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

**5. Payment Information – Select one.**

Credit/Debit Card. \*If choosing the credit card method, you must either call the Parking and Transit Services office at 315-443-4652 during business hours or visit the Parking and Transit Services office in person to provide this number. **If your credit card declines, your request will not be processed.**

Personal Check (payable to Syracuse University)

Pre-tax payroll deduction installments:

-Are you paid weekly or semi-monthly?

Semi-Monthly: 14 installments, first pay period in October through last pay period in April

Weekly: 30 installments, first Wednesday in October through the last Wednesday in April

**6. Certification:**

I UNDERSTAND THAT PARKING IS AT MY OWN RISK AND THAT I AM RESPONSIBLE FOR ALL SYRACUSE UNIVERSITY PARKING RULES AND REGULATIONS. X \_\_\_\_\_

Signature

**When complete, you may submit this form by bringing it to our office in person, or mailing it to Parking and Transit Services, 621 Skytop Road Suite 190, Syracuse, NY 13244. You may also fax the form to 315-443-9227.**

**[Office Use Only]**

Staff: place permit sticker here.

**CARPOOL**

Lot: \_\_\_\_\_

Issue Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Fee: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Issued By: \_\_\_\_\_

UID#: \_\_\_\_\_