

Syracuse University 2017-2018 EMPLOYEE Parking Application

A valid Syracuse University I.D. or official University document containing your I.D. number is required to obtain a parking permit.

Print **all** information clearly and include your signature. **Incomplete forms will not be processed!**

If you have an outstanding citation balance, it must be paid before permit will be issued.

1. Personal Information

Name (Last, First, Middle): _____

Permanent Address: _____

Campus Address: _____

The following information is required in case there is an emergency where your vehicle is located:

SUID #: _____

Cell Phone #: _____

Work Phone #: _____

Email Address: _____

2. Vehicle Information

Please provide all current vehicle information and copy of registration.

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

3. Payment Information - Select one option:

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

☐ Personal Check (payable to Syracuse University)

☐ Credit/Debit Card. **If choosing the credit card method, you must either call the Parking and Transit Services office at 315.443.4652 or visit the Parking and Transit Services office in person to provide this number. **If your credit card declines, your parking request will not be processed.***

4. 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 or send via email to parkmail@syr.edu.

[Office Use Only]

Place permit sticker here.

EMPLOYEE

Lot: _____

Issue Date: _____

End Date: _____

Subclass: _____

Fee: _____

Payment Type: _____

PD Week: _____

Issued By: _____

UID#: _____