

Parking and Transit Services

Toda	y's Date:			

## Syracuse University 2017-2018 CARPOOL Parking Application

Note: For SU faculty/staff members only! Permit valid through July 31, 2018.

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.

Information	S	SUID #:						
		Cell Phone #:						
		- Work Dhone #						
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	— Е	Email address:						
Name:		Email:						
SUID #: Name:		Email:						
Name:			Email:					
Make	Model	Style (i.e. 4-	-door, hatchback, SUV)	Color	Year			
		20/20 (	,	0 0 10 1	1 000			
Select one.	☐ Per	$\square$ Personal Check (payable to Syracuse University)						
sit Services office at	· · · · · · · · · · · · · · · · · · ·							
		☐ Semi-Monthly: 14 installments, first pay period in						
•	•	☐ Weekly: 30 installments, first Wednesday in October						
-		through the last Wednesday in April						
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CARPOO	·							
	Name: Name: Name: Name:  Make  //staff MUST meet ti  2 <sup>nd</sup> Choice: he credit card method, y sit Services office at ars or visit the Parking ar brovide this number. If y lest will not be proces RKING IS AT MY O ILES AND REGUL	Name:  Name:  Name:  Name:  Name:  Make Model   //staff MUST meet the criteria for t	Cell Phone #:	Cell Phone #:	Cell Phone #:			