

# SYRACUSE UNIVERSITY PARKING SERVICES

Today's Date: \_\_\_\_\_

## Syracuse University 2016-2017 PRESS Parking Application

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. Personal Information

Name (Last, First, Middle):

\_\_\_\_\_

Work Phone #: \_\_\_\_\_

Personal Address:

\_\_\_\_\_

Cell Phone #: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

### 2. Vehicle Information

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

Will the vehicle be marked with an official logo or signage?  Y |  N

### 3. Company/News Service Information

What News Service do you work for?: \_\_\_\_\_

News Service Address: \_\_\_\_\_

Your Editor/Supervisor Name: \_\_\_\_\_

Editor/Supervisor Phone #: \_\_\_\_\_

### 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 \_\_\_\_\_

[Office Use Only]

Place permit sticker here.

**PRESS**

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

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

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

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

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

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

**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.**