

Syracuse University 2017-2018 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):

Personal Address:

Work Phone #: _____

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.