

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

**Syracuse University 2016-2017 SERVICE PERMIT Request**

*Print **all** information clearly. **Incomplete forms may be delayed in processing.***

Department Name (Full Name, no abbreviations please):

\_\_\_\_\_

Department Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ What type of service requested?

Contact Phone #: \_\_\_\_\_

Number of Staff in Department: \_\_\_\_\_

**ID # for payment:** (Please send original, required for processing.) \_\_\_\_\_

**Please print name of authorized ID signee:** \_\_\_\_\_

***When complete, you may submit this form with original inter-departmental order (ID) by bringing it to our office in person or mailing it to Parking and Transit Services, 621 Skytop Road Suite 190, Syracuse, NY 13244.***

**[Office Use Only]**

Issue Date: \_\_\_\_\_ Number of permits authorized: \_\_\_\_\_ UID#: \_\_\_\_\_

Issued by: \_\_\_\_\_ Total cost: \_\_\_\_\_

\_\_\_\_\_