

Syracuse University 2016-2017 VENDOR 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. Business Information:

Company Name: _____ Contact Name (Last, First, Middle Initial): _____

Company Address: _____ Contact Address: _____

_____ Cell Phone #: _____

Company Phone #: _____ Email address: _____

2. Vehicle Information:

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

3. Payment Information – Select one:

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.

[Office Use Only]

VENDOR

Total cost: **\$374.00**

Issue Date: _____

Payment Type: _____

End Date: _____

Issued by: _____

Number of permits authorized: _____

UID#: _____

Place permit sticker here.