

SYRACUSE UNIVERSITY
PARKING SERVICES

**Syracuse University 2016-2017 STANDING ACCOUNT INFORMATION
FOR DEPARTMENT GUEST RESERVATIONS (Formerly VIP) Form**

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

Today's Date: _____

Department Name (Full Name, no abbreviations please):

Department Address: _____

Primary Contact Name:

Additional Authorized Contact Names:

Primary Contact Phone #:

ID # for payment: (Please send original signed ID, 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.*
