



Today's Date: _____

Syracuse University Interpreter/CART Parking Application 2024-25

Company Name: _____
Contact Name: _____
Company Address: _____
Email Address: _____ Cell Phone#: _____
Business Phone#: _____

Vehicle Information

Please provide current vehicle information in the field below.

State	Plate	Make	Model	Style <small>(i.e., SUV, sedan)</small>	Color	Year

Number of Permits

Please indicate the number of permits you need below. The first permit is **\$564**, and each additional permit is **\$75**. Parking with this pass is valid in the Raynor, Henry, and Harrison lots.

Total number of North Campus permits requested: _____

Payment Option

Personal check (to Syracuse University) Credit/debit card *(If choosing this option, you must visit the Parking and Transportation Services Office in person to provide this number.)*

Certification

I understand that parking is at my own risk and that I am responsible for all Syracuse University parking rules and regulations.

Signature: _____

Form Submission

Upon completing this form, you may either submit via email to parkingpermit@syr.edu, bring the form to the Parking and Transportation Office in person, or mail the form to: Syracuse University Parking and Transportation Services, 621 Skytop Road, Suite 190, Syracuse, NY 13244.

For Office Use Only:

First Permit Issued: \$564

Number of Additional Permits: _____

Cost of Additional Permits: _____

Total Number of Permits: _____

Total Cost of All Permits: _____

Issued Date: _____

Expiration Date: _____

Payment Type: _____

Issued By: _____

UID#: _____