

Syracuse University Special Arrangement Parking Application

Last Name: _____
First Name: _____ SUID#: _____
Address: _____
Email Address: _____ Cell Phone#: _____
Office Phone#: _____

Vehicle Information

Please provide current vehicle information in the field below. You will need to provide a copy of your vehicle registration when you pick up your permit from our office.

State	Plate	Make	Model	Style (i.e., SUV, sedan)	Color	Year

Certification

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

Signature: _____

For Office Use Only:

<i>Lot Assignment:</i> _____	<i>Fee:</i> _____
<i>Issue Date:</i> _____	<i>Payment Type:</i> _____
<i>End Date:</i> _____	<i>Issued by:</i> _____
<i>UID#:</i> _____	<i>Permit UID#:</i> _____