PARKING HANG TAG APPLICATION

2019-2020



Parking Office

Wooster Hall 114, 1 Hawk Drive, New Paltz, NY 12561-2443 • (845) 257-3347 • Fax (845) 257-3495 www.newpaltz.edu/parking • Hours: M-F Academic Year 8:30 a.m. - 4:30 p.m. • Summer 8:00 a.m. - 4:00 p.m.

INSTRUCTIONS: Complete each item on this form. Please print or type information. Return this form with *valid vehicle registration, drivers license and your payment* (cash, checks payable to SUNY New Paltz, Discover, Visa, MasterCard, American Express or money order) for the appropriate fee to the Parking Office. If processing by mail photocopies are needed.

Faculty/Staff, and Commuter and Residents students may apply for a permit online through their my.newpaltz.edu account and pick up in Wooster Hall 114 with a picture ID. All other categories of permit must apply in the Parking Office.

PERMITS □ Commuter – Full Year	☐ Resident – Full Year ☐ Resident – Spring ☐ Resident – Summer	\$40	☐ Faculty/Staff or TA\$25 ☐ Management Confidential\$100 ☐ Other\$
 Please note: Limited number of Commuter Fall pe Any student who purchases a parking hang tag for the hangtag to Wooster Hall 114 by January 31, I will be using a Handicap permit (optional re 	or a full year and does not return ir 2020.		
PERSONAL INFORMATION (Facult	y/Staff must present Col	lege ID)	
Name: (last)	(first)		Banner#: N
Permanent Address:			
City:		State:	Zip:
Residence Hall or Department Name:			
Permanent Phone: ()	Local/	Cell Phone: (_)
VEHICLE INFORMATION - Valid re	gistration required		
Vehicle Registered to:			
			e Make:
State of Registration:	Vehicle Color:	Vehicle Model:	
I am responsible for being aware at www.newpaltz.edu/parking	of all policies stated in	the "Parking	g Rules and Regulations Summary"
Signature			Date
PLEASE CHECK ONE OF THE FOLI Hang tags must be picked up in per Wooster Hall 114 8:30 a.m 4:30 p.m. University Police after 5:00 p.m. (for faculty/s Return receipt requested to your permanent has the property of the pr	rson or mailed for an ac	ters with night cla	
PAYMENT INFORMATION (IF PROC	CESSING BY MAIL OR I	FΔX)	
Circle One: Visa MasterCard AmEx		•	
Expiration Date:	Cardholder's Name:		
Daytime Phone:	Cardholder's Signature:		
CVV/CVC Code on card	Amount charging: \$		
		11.61	

If you would like your hang tag mailed to your permanent home address, certified return receipt requested, please include \$7.00 for the shipping fee.