

Parking Office

Haggerty 35, 1 Hawk Drive, New Paltz, NY 12561-2443 ▪ (845) 257-3347 ▪ Fax (845) 257-3009 ▪ www.newpaltz.edu/parking
Hours: M-F Academic Year 8:30 a.m. - 5:00 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 HAB 35 with a picture ID. All other categories of permit must apply in the Parking Office.

PERMITS

- | | | |
|---|---|--|
| <input type="checkbox"/> Commuter – Full Year..... \$80 | <input type="checkbox"/> Resident – Full Year\$80 | <input type="checkbox"/> Faculty/Staff or TA\$25 |
| <input type="checkbox"/> Commuter – Fall..... \$40 | <input type="checkbox"/> Resident – Spring\$40 | <input type="checkbox"/> Management Confidential.....\$100 |
| <input type="checkbox"/> Commuter – Spring..... \$40 | <input type="checkbox"/> Resident – Summer\$25 | <input type="checkbox"/> Other \$ _____ |
| <input type="checkbox"/> Commuter – Summer..... \$25 | | |

- Please note: Limited number of Commuter Fall permits available. Sold on a first come, first served basis.
- Any student who purchases a parking hang tag for a full year and does not return in the Spring will be entitled to a \$40.00 refund by returning the hangtag to HAB 35 by January 31, 2019.
- I will be using a Handicap permit (optional response)

PERSONAL INFORMATION (Faculty/Staff must present College ID)

Name: (last) _____ (first) _____ Banner#: N _____
 Permanent Address: _____
 City: _____ State: _____ Zip: _____
 Residence Hall or Department Name: _____
 Permanent Phone: (_____) _____ Local/Cell Phone: (_____) _____

VEHICLE INFORMATION – Valid registration required

Vehicle Registered to: _____
 License Plate#: _____ Vehicle Year: _____ Vehicle Make: _____
 State of Registration: _____ Vehicle Color: _____ Vehicle Model: _____

I am responsible for being aware of all policies stated in the "Parking Rules and Regulations Summary" at www.newpaltz.edu/parking

Signature _____

Date _____

PLEASE CHECK ONE OF THE FOLLOWING BELOW

Hang tags must be picked up in person or mailed for an additional charge.

- HAB 35 8:30 am - 5:00 pm
- University Police after 5:00 pm (for faculty/staff evening workers or commuters with night classes only)
- Return receipt requested to your permanent home address. (additional \$7.00 fee).

PAYMENT INFORMATION (IF PROCESSING BY MAIL OR FAX)

Circle One: Visa MasterCard AmEx Credit Card #: _____ - _____ - _____ - _____
 Expiration Date: _____ Cardholder's Name: _____
 Daytime Phone: _____ Cardholder's Signature: _____
 CVV/CVC Code on card _____ Amount charging: \$ _____

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.