PARKING HANG TAG APPLICATION 2021-2022



Parking Office

Wooster Hall 114, 1 Hawk Drive, New Paltz, NY 12561-2443 • (845) 257-3347 • Fax (845) 257-3495 www.newpaltz.edu/parking • parking@newpaltz.edu

INSTRUCTIONS: Complete each item on this form. Please print or type information. Return this form and your payment along with a copy of a *valid vehicle registration and drivers license*. Acceptable payments include: cash, checks payable to SUNY New Paltz, Discover, Visa, MasterCard, American Express or money order to the Parking Office.

Faculty/Staff, Commuter and Resident students must apply for a permit online at https://parking.admin.newpaltz.edu/. All other categories of permit must apply via mail, e-mail, or in-person at the Parking Office. PERMITS

Retired Faculty.....\$No ChargeAlumni.....\$25

Friends of SUNY......\$25

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□ Other.....\$

• 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 Wooster Hall 114 by January 31, 2022.

□ I will be using a Handicap permit (optional response)

Name: (<i>last</i>)	(first)	Banner#: N	
		State: Zip:	
Residence Hall or Department Na	ame:		
	Local/Cell Phone: ()		
VEHICLE INFORMATION – V	alid registration required		
Vehicle Registered to:			
		Vehicle Make:	
License Plate#: State of Registration: <i>I am responsible for being a</i>	Vehicle Year: Vehicle Color: ware of all policies stated in		
License Plate#: State of Registration: <i>I am responsible for being a</i> <i>at www.newpaltz.edu/parki</i>	Vehicle Year: Vehicle Color: ware of all policies stated in	Vehicle Make: Vehicle Model: the "Parking Rules and Regulation	
License Plate#: State of Registration: <i>I am responsible for being a</i> <i>at www.newpaltz.edu/parki</i>	Vehicle Year: Vehicle Color: ware of all policies stated in	Vehicle Make: Vehicle Model:	
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Circle One: Visa MasterCard AmEx	Credit Card #:
Expiration Date:	Cardholder's Name:
Daytime Phone:	Cardholder's Signature:
CVV/CVC Code on card	Amount charging: \$