

STUDENT'S VISITOR MOTOR VEHICLE REGISTRATION

ID NUMBER: - - (Lehigh Identification Number)

LAST NAME:

FIRST NAME: CLASS:

CAMPUS RESIDENCE HALL/FRATERNITY/SORORITY or LOCAL ADDRESS

CAMPUS PHONE: - - CELL PHONE: - -

VEHICLE REGISTRATION INFORMATION

LICENSE PLATE: MAKE:

STATE: VEHICLE YEAR: COLOR:

PRINT NAME, ADDRESS AND PHONE NUMBER OF OWNER BELOW:

Please issue me a visitor permit valid from _____ to _____ @ \$5/day.
Start Date End Date

WARNING: Students are responsible for their visitors' parking violations.

Note:

1. Visitor permits are valid for the student/commuter parking lot located on the Mountaintop campus at all times, and in faculty/staff parking areas Monday through Friday, 4:00 pm – 6:00 am, and on weekends.
2. Visitors may park at any of the parking meters at anytime provided the meter fee is paid.
3. Visitors may also park in the Zoellner Arts Center parking garage by paying the entry fee.

I certify that all information give by me is true and correct and that the above requested vehicle registration conforms to the Motor Vehicle Regulations issued by Lehigh University, as available at www.lehigh.edu/~inbus/parking.

Signature

Date

FOR OFFICE USE ONLY

PERMIT #

Form of payment
CASH CHECK VISA MCARD DISCOVER GOLDPLUS
LU ACCOUNT