LEHIGH UNIVERSITY

TRANSPORTATION TRANSIT AND PARKING SERVICES

Parking Services
106 Johnson Hall, 36 University Drive
Bethlehem, PA 18015-3043
610-758-PARK

SALARIED FACULTY & STAFF MOTOR VEHICLE REGISTRATION

ID NUMBER: ___ - __ - ____ (Lehigh Identification Number)

LAST NAME:

FIRST NAME:

DEPARTMENT NAME:

CAMPUS ADDRESS:

CAMPUS PHONE: ___ - ___ - ____ CELL PHONE: ___ - ___ - ____

PAYROLL DEDUCTION AUTHORIZATION

As a condition of receiving Lehigh University parking permit(s) for my motor vehicle(s), I hereby authorize Lehigh University, my employer, to deduct from my pay my annual parking fee and any fines accrued to any of my vehicle(s), registered or unregistered, subject to the following conditions:

Fines will not be deducted until the latter of:

1. At least thirty (30) calendar days after the violation.

-OR-

2. Until such time as the fine has been sustained by the Lehigh University Parking Appeals Committee, if an appeal was received within seven (7) working days of the date of the violation.

This Payroll Deduction Authorization in no way waives my right of appeal as specified in the Lehigh University Motor Vehicle Regulations.

Signature Date

VEHICLE REGISTRATION INFORMATION (Please attach a copy of your state vehicle registration(s) for all vehicles being registered)

Vehicle 1

LICENSE PLATE: MAKE:

STATE: VEHICLE YEAR: COLOR:

Vehicle 2

LICENSE PLATE: MAKE:

STATE: VEHICLE YEAR: COLOR: