

622 Brodhead Avenue Bethlehem, PA 18015-3014 610-758-PARK



MOTOR VEHICLE REGISTRATION - VOLUNTEER

ID NUMBER:	R: (Lehigh Identification Number)																			
LAST NAME:																				
FIRST NAME:																				
ADDRESS/ COMPANY:]		
CITY:											STATE:			ZIP:						
TELEPHONE:			-			-					CELL PHONE	:			-		-			
AGREEMENT																				
 As a condition of receiving a Lehigh University parking permit(s), I hereby agree to the following conditions: I will obey all parking and traffic regulations issued by Lehigh University as stated in the Motor Vehicle Regulations issued with my permit(s). I agree to be responsible for fines issued to any of my vehicles, registered or unregistered, including vehicles registered to members of my immediate family. I agree to pay all fines within thirty (30) calendar days of the date of the violation unless condition four (4), below, applies. I may appeal any violation if an appeal is received at the Parking Services office within seven (7) working days of the date of the violation. If the appeal is denied, or a reduced fine set, I agree to pay said fine within ten (10) days of the date of the action of the Parking Appeals Committee as final. I agree to abide by any update to these conditions or the Motor Vehicle Regulations as issued by Lehigh University, or promptly return my permit(s) upon receipt of such update(s). I understand that failure to comply with any conditions, regulations or late payment of fines will result in the loss of parking privileges. By my signature below, I certify that all information given by me on this form is true and correct. I have read and understand the conditions contained in the AGREEMENT and consent to the AGREEMENT as it is stated. 																				
Applicant's Sigr	ature:										Date:		 							
DEPARTMENT HEAD/SUPERVISOR AUTHORIZATION																				
Signature:																			 	
End date of A	Assignme	nt:																		

VEHICLE REGISTRATION INFORMATION (Please attach copy of state vehicle registration(s) for all vehicles being registered.)															
Vehicle 1	LICENSE PLATE:				MAKE:]				
	STATE:	VEHIC	CLE YEAR:			COLOR:									
	PERMIT & CITATION FEES MUST BE REMITTED WITH APPLICATION. Cash, Check, Visa, MasterCard and Discover accepted.														
Goodman or Founders Way Commuter lot permit with Evening & Weekend privileges - \$0															
Asa Packer Zone Permit - \$250/year															
	Alumni Zone Farrington Zone Zoellner Zone														
Mountaintop, Goodman F/S, or Saucon Village Zone Permit - \$125/year															
	M	ountaintop Zone	G	oodman F/S	S Zone			Sauco	n Villag	e Zone	9				