

**NON-SALARIED FACULTY & STAFF MOTOR VEHICLE REGISTRATION**

ID NUMBER:    -   -     (Lehigh Identification Number)

LAST NAME:

FIRST NAME:

DEPARTMENT NAME:

CAMPUS ADDRESS:

CAMPUS PHONE:    -    -     CELL PHONE:    -    -

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**PAYROLL DEDUCTION AUTHORIZATION**

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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 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.

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Signature

Date

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**DEPARTMENT HEAD AUTHORIZATION**

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Signature: \_\_\_\_\_

End Date of Assignment: \_\_\_\_\_

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**PERMIT & CITATION FEES MUST BE REMITTED WITH APPLICATION. Cash, Check, Visa, MasterCard and Discover accepted.**

**Asa Packer Zone permit - \$125/semester or \$250/year**

Alumni Zone  Farrington Zone  Zoellner Zone

**Mountaintop, Goodman F/S or Saucon Village Zone permit - \$62.50/semester or \$125/year**

Mountaintop Zone  Goodman F/S Zone  Saucon Village Zone

**Commuter Lot Permits - \$0/Commuter Lot Only, \$86/Evenings & Weekends, \$170/Academic Breaks**

Commuter Lot Only  Evenings & Weekends  Academic Breaks

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

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Vehicle 1

LICENSE PLATE:           MAKE:

MODEL:

STATE:   VEHICLE YEAR:     COLOR:

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