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

NON-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 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

DEPARTMENT HEAD AUTHORIZATION

End date of assignment:_____

Signature: _____

FEE: $15 per semester/$30 year, MUST BE REMITTED WITH APPLICATION. Please make check payable to "Lehigh University."

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: