LEHIGH
Transportation & Parking Services

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

MOTOR VEHICLE REGISTRATION – VENDOR

ID NUMBER: ___ - ___ - ____ (Office Use Only)

LAST NAME:

FIRST NAME:

ADDRESS/ COMPANY:

CITY: STATE: ZIP:

TELEPHONE: ___ - ___ - ____ CELL PHONE: ___ - ___ - ____

REGISTRATION TYPE

☐ $100 ANNUAL VENDOR FEE

Annual Fee Must Be Remitted With Application.
Please Make Check Payable To "Lehigh University"

AGREEMENT

As a condition of receiving a Lehigh University parking permit(s), I hereby agree to the following conditions:

1. I will obey all parking and traffic regulations issued by Lehigh University as stated in the Motor Vehicle Regulations available at www.lehigh.edu/~inpark/parking_regulations.html. I agree to abide by any update to these Regulations or promptly return my permit(s).
2. 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.
3. I agree to pay all fines within thirty (30) calendar days of the date of the violation unless condition four (4), below, applies.
4. 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. I agree to abide by the decision of the Parking Appeals Committee as final.
5. 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).
6. 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 Signature: _____ Date: _____

Authorizing Signature: _____ Date: _____

VEHICLE REGISTRATION INFORMATION (Please attach copy of 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: