

SOUTHERN OREGON UNIVERSITY 3-YEAR HANG TAG PERMIT APPLICATION 2004-2007

Employee Information

Vehicle Information

 Last Name First Name M.I.

 Current Address City

 State Zip Phone #

 Date of Birth

 Primary Plate # ST Second Plate # ST

 Make Make

 Model Model

 Year Color Year Color

I certify the above information is correct and agree to abide by the terms published in the SOU Parking Regulations and the Regulations Regarding Hang Tag Permits. This permit is intended solely for my use and is not transferable to another person. **I accept responsibility for all citations issued to this permit number.** I hereby verify that this vehicle is insured in accordance with ORS 805.080 and that this vehicle is legally registered.

 Employee Signature Date

Cashier Use Only

Permit #	Date	Initials	Comments
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SOUTHERN OREGON UNIVERSITY PAYROLL DEDUCTION AUTHORIZATION
2004-2007 Hang Tag Parking Permit

Name _____ Date of Birth (MM/DD/YY) _____
 SSN (optional) _____

I authorize Southern Oregon University to deduct the following amount from my paycheck to purchase the SOU Faculty/Staff 3-Year 2004-07 Hang Tag Parking Permit:

(a) total deduction amount \$72.00 for 2004-05 academic year, to be deducted at \$36.00 per month for two months (Oct. 31 and Nov. 30) and (b) deduction amounts in October and November of academic years 2005-06 and 2006-07 to reflect any increase in the cost of parking permits.

Signature _____

Date _____

FOR OFFICE USE ONLY:

MPK 10/04 - 11/04 \$36.00

Date Input