|  |  |  |
| --- | --- | --- |
|  NIU FACULTY/STAFF PERMIT FORM  Please Print Clearly  |  | Office Use Only  |
| Permit Number      |
| Last Name First Name Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address | Employee ID No.  |  |
| Fee and Method of Payment  |
| *NIU Address:* Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Building  | Office phone # |  |
| *Home Address:* Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip Code  | Cell phone # |  | Lot #   |
| FLAG  |
| Auto  Truck  Cycle Auto  Truck  Cycle  | Make (s)  | Model (s)  | Year (s)  | Color (s) | License Plate (s) | State (s)  | Clerk Initials and Date  |

 PERMIT TYPE PRICE

* BLUE ANNUAL $135.00
* BLUE FALL $100.00
* BLUE SPRING $100.00
* BLUE SUMMER $60.00
* RED RESERVED M-F, 7-7 ANNUAL $810.00
* RED RESERVED ALL TIMES ANNUAL $945.00
* RED RESERVED DISABILITY ACCESSIBLE M-F, 7-7 ANNUAL $135.00
* RED RESERVED DISABILITY ACCESSIBLE ALL TIMES ANNUAL $270.00
* GREEN ANNUAL FREE
* MOTORCYCLE ANNUAL $50.00

 (w/o current vehicle permit) *payroll deduction not allowed*

* MOTORCYCLE FALL or SPRING $25.00

(w/o current vehicle permit) *payroll deduction not allowed*

Payment Option:

□ CHECK FOR FULL AMOUNT PAYABLE TO NIU

□ CREDIT CARD

□ PAYROLL REDUCTION AUTHORIZATION

Total amount to be deducted: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choose # of Deductions: 12 – 10 – 8 – 6 – 4 – 2 – 1 (NOTE: The number of payroll deductions that you are eligible for depends on the type of permit you are purchasing, as well as what month you are purchasing the permit.)

I hereby affirm that the above information is correct and I understand that this tax-free (permit only) advantage applies only if I choose the payroll reduction plan. I authorize the Payroll Office to withhold from my salary/wages the specific amount of any assessments of the Campus Parking Services upon exhaustion of all appeal procedures and to turn same over to Northern Illinois University.

I understand the UNIVERSITY MOTOR VEHICLES PARKING REGULATIONS are available at www.niu.edu/parking, and I agree to review and comply therewith.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
|  AFSCME 1890 UNION NIU FACULTY/STAFF PERMIT FORM  Please Print Clearly  |  | Office Use Only  |
| Permit Number      |
| Last Name First Name Initial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address | Employee ID No.  |  |
| Fee and Method of Payment  |
| *NIU Address:* Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Building  | Office phone # |  |
| *Home Address:* Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City State Zip Code  | Cell phone # |  | Lot #   |
| FLAG  |
| Auto  Truck  Cycle Auto  Truck  Cycle  | Make (s)  | Model (s)  | Year (s)  | Color (s) | License Plate (s) | State (s)  | Clerk Initials and Date  |

 PERMIT TYPE PRICE

* BLUE ANNUAL $116.00
* BLUE FALL $100.00
* BLUE SPRING $100.00
* BLUE SUMMER $60.00
* RED RESERVED M-F, 7-7 ANNUAL $810.00
* RED RESERVED ALL TIMES ANNUAL $945.00
* RED RESERVED DISABILITY ACCESSIBLE M-F, 7-7 ANNUAL $116.00
* RED RESERVED DISABILITY ACCESSIBLE ALL TIMES ANNUAL $232.00
* GREEN ANNUAL FREE
* MOTORCYCLE ANNUAL $50.00

 (w/o current vehicle permit) *payroll deduction not allowed*

* MOTORCYCLE FALL or SPRING $25.00

(w/o current vehicle permit) *payroll deduction not allowed*

Payment Option:

□ CHECK FOR FULL AMOUNT PAYABLE TO NIU

□ CREDIT CARD

□ PAYROLL REDUCTION AUTHORIZATION

Total amount to be deducted: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choose # of Deductions: 12 – 10 – 8 – 6 – 4 – 2 – 1 (NOTE: The number of payroll deductions that you are eligible for depends on the type of permit you are purchasing, as well as what month you are purchasing the permit.)

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I understand the UNIVERSITY MOTOR VEHICLES PARKING REGULATIONS are available at www.niu.edu/parking, and I agree to review and comply therewith.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_