

Central Washington University Pre-Tax Permit Plan Waiver Form

Name _____ CWU ID Number _____

Department _____ Campus Mailbox _____

Phone _____

I elect to waive the opportunity to participate in the Central Washington University Pre-Tax Parking Permit Plan. I understand that by waiving participation any amount I may be required to pay for the parking permit I have selected will be deducted from my paycheck **after** all federal and/or state taxes have been collected.

Employee Signature _____ Date _____

Return this signed waiver with the Vehicle Registration Form

For Parking Office Use Only:

Effective Date _____ Entered _____