City of Portland Carpool
1120 SW 5th, Room 800
Portland OR 97204
(503) 823-6841

Application for Carpool Parking Permit

For: DOWNTOWN ON-STREET

Instructions: Each member completes in full and signs this application. Enclose each members' proof of address (such as a copy of a utility bill) and your carpools' monthly parking fee of $110. Please do not send cash. Payment must be in on the 20th of the month previous to when you wish to begin. *Make check or money order payable to City of Portland*. The fee is per carpool, not per person. Return you application to the City of Portland Carpool Program, 1120 SW 5th Ave, Suite 800, Portland OR 97204.

Contact Person:

Name _____

Home Address _____
Please provide proof (such as utility bill)

City _____ Zip _____

Employer/School _____ Work Phone _____

Work Address _____ Work Hours _____

Driver's License Number _____ State _____

Other Carpool Members:

Name _____

Home Address _____
Please provide proof (such as utility bill)

City _____ Zip _____

Employer/School _____ Work Phone _____

Work Address _____ Work Hours _____

Driver's License Number _____ State _____

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Other Carpool Members:

Name _____

Home Address _____
Please provide proof (such as utility bill)

City _____ Zip _____

Employer/School _____ Work Phone _____

Work Address _____ Work Hours _____

Driver's License Number _____ State _____

Other Carpool Members:

Name _____

Home Address _____
Please provide proof (such as utility bill)

City _____ Zip _____

Employer/School _____ Work Phone _____

Work Address _____ Work Hours _____

Driver's License Number _____ State _____

Certification: I certify that I am a member of a carpool, or will be upon receipt of a carpool parking permit, with the individuals above that I commute to and from work with them on a regular basis (at least 4 days each week, both ways). I agree to use the carpool permit only for the purposes for which it is issued. Should any change(s) occur in my participation in the carpool, I agree to promptly notify the City of Portland's Carpool Program of said change(s). I realize that should any of the information contained herein, specifically relating to the carpool of which I am a member, be found to be untrue, the carpool's special parking privileges will be revoked and fees forfeited.

Signatures: (1)_____ Date:_____

Signatures: (2)_____ Date:_____

Signatures: (3)_____ Date:_____

Signatures: (4)_____ Date:_____

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We certify, as members of a carpool, that we have individually read the policies and procedures regarding the Portland Bureau of Transportation administered carpool parking programs. We understand that policy compliance will assure continuance in the program. Abuse of these policies may result in being dropped from the program and being ineligible to participate in any carpool parking program administered by the Portland Bureau of Transportation for a minimum of 1 year. The Portland Bureau of Transportation Parking Operations Staff may verify employment, work hours and any other pertinent information on the carpool application and subsequent renewal forms.

Signature Date

Signature Date

Signature Date

Signature Date

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