

APPLICANT INFORMATION

Name: _____

Address: _____ Unit # _____ Portland, Oregon 972 _____

Phone: _____ Email: _____

Check here if you own the property. If renting, provide the name and number of your landlord or manager:

Landlord/Manager's Name

Phone

REQUIRED DOCUMENTATION

Proof of Residence

- Attach a copy of a current lease, utility bill, credit card bill **or** bank statement. Black-out personal information.
- **Proof must be dated within the past 30 days** and include a name and address. *Proof is subject to verification.*

Vehicle Registration

- Attach a copy of your current, state-issued vehicle registration for each resident or motorcycle permit you wish to purchase (the vehicle registration does not need to be issued in the state of Oregon). The last name on the registration must match the last name of the applicant above.

ORDER PERMITS

Permit Type	Quantity	Cost Each	Total Cost
Annual Resident Permit (<i>vehicle specific; non-transferable</i>) \$180.00 each pro-rated to \$90 after March 1			
Daily Scratch-Off Permits (10 scratch-offs per book) Limit of 10 books per address per permit year		\$10	
TOTAL DUE			

READ AND SIGN ON REVERSE



The Portland Bureau of Transportation fully complies with Title VI of the Civil Rights Act of 1964, the ADA Title II, and related statutes and regulations in all programs and activities. For accommodations, complaints and information, call (503) 823-5185, City TTY (503) 823-6868, or use Oregon Relay Service: 711.

ADDITIONAL RESIDENTS

Please list all legal residents at the address listed on the application.

Any tenant(s) not listed as living at the address on this application will have their permit cancelled.

ACKNOWLEDGMENT

By applying for this permit and signing the application, the undersigned agrees to the following:

- I authorize the parking permit program administrator to verify any information contained herein, and I authorize my landlord to release such information as to authenticate my place of residence.
- All the information on this form (and any supplemental information I have provided) is true and correct.
- To pay a replacement fee if permit is lost, stolen, or if any information (e.g. license plate number) changes.
- To assign any scratch-offs I obtain to persons **only** during periods when they are **actually** visiting my home.
- To immediately surrender any rights to use any permit(s) if I move outside of the permit area.
- If I move within the permit area, including within the same apartment building or complex, I agree to notify the Bureau of Transportation within three (3) days in order to continue using my permit(s).
- All permits remain the property of the City of Portland and will be revoked if improper use is demonstrated.

_____ Signature		_____ Date
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PAYMENT

Make check or money order payable to: City of Portland.

To pay by credit or debit card, write your card information in the space provided at the bottom of this page.

CREDIT CARD CHARGES WILL READ "PORTLAND PARKS AND RECREATION."

Mail completed application, supplemental documents and payment to:

PBOT Parking Permits, 1134 SW 5th Avenue, Portland, OR 97204

***Note: business office is closed the last Thursday of each month from 1pm - 5pm**

Or submit via fax: 503-823-2515 | Incomplete applications will be returned

Area parking permits issued by mail only | Questions? Call 503-823-2777

CREDIT OR DEBIT CARD PAYMENT (Visa, Master Card, Discover, American Express)

Card Number: _____ - _____ - _____

Expiration Date: _____ / _____

Name on card: _____

Billing Zip Code: _____

PBOT

PORTLAND BUREAU OF TRANSPORTATION

1120 SW Fifth Avenue, Suite 800 Portland, OR 97204 503.823.5185
Fax 503.823.7576 TTY 503.823.6868 www.portlandoregon.gov/transportation

Dan Saltzman Commissioner Leah Treat Director

INCOME BASED RESIDENT PERMIT FEE

If your income is below the 80% Portland area 2017 Home income limit (determined by HUD) in chart below, counting dependents, your Zone M parking permit/s will be reduced to \$60 each.

(do not count roommates as dependents)

Portland Area 2017 Home Income Limits

% MFI	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Low-Income (80%)	\$41,850	\$47,800	\$53,800	\$59,750	\$64,550	\$69,350	\$74,100	\$78,900

Name: _____

Address: _____

Questions please call
our parking permit
hotline at
503-823-2777

Signature _____

By signing this form, I affirm that I meet the income qualifications to receive a reduced Zone M parking permit.

Title 16 code 16.20.860 F. Improper use by a permit holder will result in cancellation of that permit for a period of 12 months. Further improper use of a permit by that permit holder within a 24-month period will additionally render the permit holder disqualified from purchasing any Area Parking Program Permit for two subsequent permit years.

OFFICE USE ONLY

authorization #



permit number