



ADA MONTHLY PERMIT PARKING EMPLOYEE/RESIDENT APPLICATION

Please Complete the Following Information:

Name _____

Address _____ Apt# _____ Zip _____

Work Phone _____ Home Phone _____ E-mail _____

State-issued Disabled Person Parking Placard number: _____

Please check box for the permit you are applying for & check the applicable fee below:

DISABLED EMPLOYEE PERMIT
Proof of employment, such as a pay stub or letter from employer verifying employment.

Business Name _____ Business Phone _____

Business Address _____ Zip _____

DISABLED RESIDENT PERMIT
Proof of residence, such as credit card or utility bill.

PLEASE NOTE: FOR EITHER BOX ABOVE, YOU MUST CHECK WHICH ZONE YOU ARE APPLYING FOR TO DETERMINE MONTHLY FEE:

Downtown/Northwest/S. Waterfront/OHSU.....\$189.00 _____
Lloyd District.....\$106.00 _____
Central Eastside.....\$70.00 _____

SUBSIDIZED HOUSING DISABLED RESIDENT PERMIT
If you are applying for a subsidized disabled resident permit, please provide a copy of your latest rent award letter. **FREE UNTIL 6/30/19**

ALL APPLICANTS must provide copy of your state-issued ADA Placard.

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

All the information on this form (and any supplemental information I have provided) is true and correct.

- I authorize the parking permit program administrator to verify any information contained herein, and I authorize my employer to release such information as to authenticate my place of employment.
- **The permit may not be used in metered spaces with time limits of less than one hour.**
- **The permit may not be used in any on-street disabled zone past the meter time limit.**
- **The permit may only be used within three blocks of the permit holder’s employer or residence address on the permit.**
- If I change jobs, or move (including within the same apartment building or complex), I agree to notify Parking Control at 503-823-2777 within **3 days** in order to continue to use my permit(s).
- All permits remain the property of the City of Portland and will be revoked if improper use is demonstrated.
- The applicant is responsible for lost damaged or stolen permits. There will be a charge of \$15.00 to replace a Disabled Employee Parking Permit.
- You must display your state-issued Disabled Person Parking Placard anytime you are displaying your Disabled Employee Parking Permit.
- Permit does not allow parking in any reserved, carpool, truck loading zones or other restricted spaces.
- Monthly permit renewals are **due the 20th of the prior month**; \$20 late fee for any permits issued after the due date.

 _____ DATE _____

I swear or affirm that the information on this application is true and correct.

DATE

Mail completed application, required documentation, and check or money order (made payable to City of Portland) to: PBOT Parking Permits, 1134 SW 5th Ave, Portland, OR 97204.

If you have any questions call (503) 823-2777 or (503) 823-5185.

Make checks or money orders payable to City of Portland.

To pay with Visa, Master Card, Discover, and American Express, please enter your card information in the spaces provided.

Credit Card charges will read “Portland Parks and Recreation”

Card expiration date ___/___/___

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Name on Card _____