



# 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.**

READ AND SIGN ON REVERSE

FOR OFFICE USE ONLY

Permit Number(s): \_\_\_\_\_ Invoice Number: \_\_\_\_\_

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 20<sup>th</sup> of the prior month**; \$20 late fee for any permits issued after the due date.



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

DATE

#### PAYMENT METHOD

To expedite processing, make check or money order payable to City of Portland.

To pay by credit card, check here  and provide email address: \_\_\_\_\_.  
You will receive an invoice from Portland Parks and Recreation requesting payment by credit card for your parking permit. Please allow an additional 5-7 business days for processing if paying by credit card. If an email address is not provided, your application will be returned to you.

Mail completed application, required documents and payment to:  
PBOT Parking Permits, 1134 SW 5th Avenue, Portland, OR 97204

Walk-in address: 111 SW Columbia St., Ste. #660  
Open Monday through Friday from 8am – 5pm. Closed last Thursday of the month from 1pm – 5pm.

Fax: 503-823-2515



*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.*