

ZONE R RESIDENT PARKING PERMIT APPLICATION

APPLICANT	INFORMATION (MUST BE L	EGIBLE)	
Name:			
Address:			
Phone: En	nail (required):		
☐ Check here if you own the property. If re	enting, provide the name and pl	none number of your la	ndlord:
			
Landlord/Manager's Name	Phone		
(Pern	ORDER PERMITS nits valid February 1 – January 3	?1)	
Annual Resident Permit (vehicle spe			
\$75.00 each. Pro-rated to \$3			
Annual Guest Permit (maximum 1 po \$75.00 each. Pro-rated to \$3	•		
Daily Scratch Off Permits	57.50 arter July 1.	\$15.00	
\$15 for a book of 10 permits		\$13.00	
		Total	
		1	
RE	QUIRED DOCUMENTATION		
☐ Proof of Residence			
	e or a utility bill and black-out p n the past 30 days and include a		
☐ Vehicle Registration Attach a copy of your current, state you wish to purchase (the vehicle registration must	registration does not need to be	issued in the state of C	•
	READ AND SIGN ON REVERSE		
FOR OFFICE USE ONLY			
Permit Number(s):	Invoice Number: _		

ADDITIONAL RESIDEN	ITS			
Please list all legal residents at the address. Any tenant not listed will have their permit cancelled.				
SIGNATURE				
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. 				
 If the permit is lost or stolen or the license plate number changes, to pay a \$15 replacement fee. 				
 Authorize the parking permit program administrator to verify any information contained herein and authorize my landlord to release such information as to authenticate my place of residence. 				
 To assign any guest permits to persons only during periods when they are visiting my residence. 				
 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 apart Bureau of Transportation within three (3) days in order to contin	tment building or complex, I agree to notify the			
 All permits remain the property of the City of Portland and will be revoked if improper use is demonstrated. 				
Signature	Date			
PAYMENT METHOI				
To expedite processing, make check or money or	rder payable to City of Portland.			
To pay by credit card, check here \Box and provide email address: $_$	You			
will receive an invoice from Portland Parks and Recreation reques	ting payment by credit card for your parking			

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

Incomplete or illegible applications will be returned.

Questions? Call 503-823-2777

