



**Replacement Parking Permit Application**  
for changed/lost/stolen permits  
\$15 replacement fee

Resident/Business Name: _____		
Address: _____	Unit #: _____	Portland, Oregon, Zip Code: _____
Phone: _____	Email: _____	

- If replacing a resident permit because you **purchased a new vehicle**:

Old license plate number: \_\_\_\_\_

New license plate number: \_\_\_\_\_

Attach a copy of your new vehicle registration

- Businesses must provide the permit number of the lost/stolen permit.

Lost/stolen permit number(s): \_\_\_\_\_

- If replacing a guest permit, no additional documentation required.

	Quantity	Total
Order Replacement Permit(s): <b>\$15.00 each</b>		

**ACKNOWLEDGMENT**

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.
- **Cancelled permits should not be used (if found later) because they are subject to citation.**
- I authorize the parking permit program administrator to verify any information contained herein.
- To immediately surrender any rights to use any permit(s) if I relocate outside of the permit area.
- All permits remain the property of the City of Portland and will be revoked if improper use is demonstrated.

_____ <b>Signature</b>		_____ <b>Date</b>
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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 and payment to:  
**PBOT Parking Permits, 1134 SW 5<sup>th</sup> Avenue, Portland, OR 97204**  
**Walk-ins: 111 SW Columbia St, Ste. #666, Portland, OR 97201**

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

Permits issued by mail only  
Questions? Call 503-823-2777

<b>CREDIT OR DEBIT CARD PAYMENT (Visa, Master Card, Discover, American Express)</b>	
Card Number: _____ - _____ - _____	Expiration Date: ____/____
Name on card: _____	Billing Zip Code: _____