



**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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<p><b>PAYMENT</b></p> <p>Make check or money order payable to: City of Portland.</p> <p>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"</p>
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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: _____