

### APPLICANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit # \_\_\_\_\_ Portland, Oregon 972 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check here if you own the property. If renting, provide the name and number of your landlord or manager:

\_\_\_\_\_  
Landlord/Manager's Name

\_\_\_\_\_  
Phone

### REQUIRED DOCUMENTATION

**Proof of Residence**

- Attach a copy of a current lease **or** utility bill **or** bank statement. Black-out personal information.
- **Proof must be dated within the past 30 days** and include a name and address. *Proof is subject to verification.*

**Vehicle Registration**

- Attach a copy of your current, state-issued vehicle registration for each resident or motorcycle permit you wish to purchase (the vehicle registration does not need to be issued in the state of Oregon). The last name on the registration must match the last name of the applicant above.

### ORDER PERMITS

Permit Type	Quantity	Cost Each	Total Cost
Annual Resident Permit ( <i>vehicle specific; non-transferable</i> ) <b>\$300 each   pro-rated to \$150 after November 1</b>			
Daily Scratch-Off Permits (10 scratch-offs per book) Limit of 10 books per address per permit year		\$10	
<b>TOTAL DUE</b>			

**READ AND SIGN ON REVERSE**



*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.*

**ADDITIONAL RESIDENTS**

Please list all legal residents at the address listed on the application.

**Any tenant(s) not listed as living at the address on this application will have their permit cancelled.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGMENT**

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

- I authorize the parking permit program administrator to verify any information contained herein, and I authorize my landlord to release such information as to authenticate my place of residence.
- All the information on this form (and any supplemental information I have provided) is true and correct.
- To pay a replacement fee if permit is lost, stolen, or if any information (e.g. license plate number) changes.
- To assign any scratch-offs I obtain to persons **only** during periods when they are **visiting** my home.
- 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 apartment building or complex, I agree to notify the Bureau of Transportation within three (3) days in order to continue using my permit(s).
- 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>
---------------------------	--	----------------------

**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."

Return completed application, supplemental documents and payment to:

**Mail:** PBOT Parking Permits, 1134 SW 5<sup>th</sup> Avenue, Portland, OR 97204

**Walk-ins:** 111 SW Columbia St, Ste 660, Portland, OR 97201

**Fax:** 503-823-2515

Incomplete applications will be returned | Questions? 503-823-2777

**CREDIT OR DEBIT CARD PAYMENT (Visa, Master Card, Discover, American Express)**

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_