

ZONE K RESIDENT PARKING PERMIT APPLICATION

APPLICANT INFORMATION (MUST BE LEGIBLE)

Name: _____

Address: _____

Phone: _____ Email (required): _____

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

Landlord/Manager's Name

Phone

Check here if you own the property

SELECT NUMBER AND TYPE OF PERMITS

Annual permits are valid August 1 – July 31.

Permit Type	Quantity	Cost Each	Total
Annual Resident Permit (vehicle specific; non-transferable) \$75.00 each. Pro-rated to \$37.50 after February 1.			
Daily Scratch Off Permits <ul style="list-style-type: none"> • (Limit of 10 books per address, per permit year) • \$15 for a book of 10 permits 		\$15.00	
Total			

REQUIRED DOCUMENTATION

Proof of Residence

- Attach a copy of a current lease or a utility bill and black-out personal information.
- The proof must be dated within the past 30 days and include a name and address.

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.

READ AND SIGN ON REVERSE



FOR OFFICE USE ONLY

Permit Number(s): _____ Invoice Number: _____

ADDITIONAL RESIDENTS

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 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.

Signature

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

Incomplete or illegible applications will be returned.

Questions? Call 503-823-2777



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.