

UNIVERSITY OF OREGON
Parking and Transportation
Parking Permit Replacement Request

Name: _____ UO ID #: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Mailing Address: _____

STREET

APT. #

CITY

STATE

ZIPCODE

Permit type: Faculty/Staff Student Affiliate Carpool Other: _____

Original Permit #: _____ Exp. Decal #: _____ Issue Date: _____

New Permit #: _____ Exp. Decal #: _____ Issue Date: _____

In accordance with the University of Oregon Parking Rules and Regulations, I hereby request a replacement parking permit. I attest that I have not knowingly transferred the permit listed above to another person for use, and that said permit is no longer in my possession due to the following reason(s):

Lost Stolen Police Report # _____
 UOPD EPD

FOR OFFICE USE ONLY

New permit expiration date: _____

DPT authorization: _____

New permit # in TTX (use permit code "RP")

New expiration date into TTK

Reserved spreadsheet updated

Original permit expired

Reserved label replaced

Replacement fee paid (n/a w/Police Report)

Completed by: _____

Reserved space Y/N Lot # _____ Space # _____

Processed by: _____ (initials)

Permit inventory update: _____