



# Carpool Parking Permit Application

Please read before filling out application

A carpool is defined as a group of three or more persons who ride to UO campus area together; a minimum of two people in the carpool must be associated with the University in some manner (faculty/staff/student). All persons in the carpool must own at least one vehicle. A carpool will be issued a single permit which will be transferable among all carpool members. A carpool parking permit will allow members to park in any unmarked space in University of Oregon owned lots. Faculty/staff carpool permits are valid in faculty/staff lots. Student carpool permits are valid in student lots. A mixed carpool of faculty/staff and students shall be assigned the appropriate permit based upon the majority in the carpool. The primary applicant must provide a statement of explanation as to how all members' home addresses and work or class schedules correlate to create an effective carpool. Student applicants must provide class schedules to demonstrate that they will be attending classes at the same date/time as the other carpool members.

## Primary Applicant

Faculty/Staff     Student     Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

UO ID # \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_  uoregon.edu

Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License Plate \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Type     2 Door     4 Door     SUV     Van     3 Door Hatch     Station Wagon     Convertible     Pickup

## Permit Duration

12 Months     9 Months     6 Months     3 Months

## Payment Method

Pay now in full cash, check, Visa, or MasterCard

Monthly Payroll Deduction     12 Months     9 Months     6 Months     3 Months

Authorize one time charge to student account

## Statement of Explanation

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

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above I agree to comply with UO Parking Rules and Regulations and use the permit only in designated lots. I understand I am fully responsible for the vehicle(s) for which the permit was obtained and the vehicle(s) I operate must be covered by necessary liability insurance as required by Oregon law. I agree to pay a replacement fee if my permit is lost or stolen. I verify that the information I entered on this form is true and correct.

Office Use Only     Approved     Not Approved    Date: \_\_\_\_\_    Reviewer Initial: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_



# Carpool Parking Permit Application

### Carpool Member #2

Faculty/Staff    Student    Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

UO ID # \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_  uoregon.edu

Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License Plate \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Type    2 Door    4 Door    SUV    Van    3 Door Hatch    Station Wagon    Convertible    Pickup

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing above I agree to comply with UO Parking Rules and Regulations and use the permit only in designated lots. I understand I am fully responsible for the vehicle(s) for which the permit was obtained and the vehicle(s) I operate must be covered by necessary liability insurance as required by Oregon law. I agree to pay a replacement fee if my permit is lost or stolen. I verify that the information I entered on this form is true and correct.*

### Carpool Member #3

Faculty/Staff    Student    Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

UO ID # \_\_\_\_\_ Home/Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_  uoregon.edu

Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License Plate \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle Type    2 Door    4 Door    SUV    Van    3 Door Hatch    Station Wagon    Convertible    Pickup

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing above I agree to comply with UO Parking Rules and Regulations and use the permit only in designated lots. I understand I am fully responsible for the vehicle(s) for which the permit was obtained and the vehicle(s) I operate must be covered by necessary liability insurance as required by Oregon law. I agree to pay a replacement fee if my permit is lost or stolen. I verify that the information I entered on this form is true and correct.*

### Office Use Only

Permit 1 \_\_\_\_\_ Expire Decal \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type \_\_\_\_\_

Payment Type    Cash    Check # \_\_\_\_\_    Credit    PRD    SB

Receipt # \_\_\_\_\_ Total \_\_\_\_\_ Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_

Permit 2 \_\_\_\_\_ Expire Decal \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type \_\_\_\_\_

Payment Type    Cash    Check # \_\_\_\_\_    Credit    PRD    SB

Receipt # \_\_\_\_\_ Total \_\_\_\_\_ Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_

Permit 3 \_\_\_\_\_ Expire Decal \_\_\_\_\_ Expiration Date \_\_\_\_\_ Type \_\_\_\_\_

Payment Type    Cash    Check # \_\_\_\_\_    Credit    PRD    SB

Receipt # \_\_\_\_\_ Total \_\_\_\_\_ Issued By \_\_\_\_\_ Issue Date \_\_\_\_\_