UNIVERSITY OF OREGON Faculty/Staff Parking Permit Application

Last Name_____ **First Name**_____

UO ID #_____ **Home/Cell #**_____

Email Address_____@_____ ☐ **uoregon.edu**

Home Address_____ **Apt**_____

City_____ **State**_____ **Zip Code**_____

Department_____ **Campus Phone#**_____

Expiration Month (Circle One)

10/31/17 11/30/17 12/31/17 01/31/18 02/28/18 03/31/18

04/30/18 05/31/18 06/30/18 07/31/18 08/31/18 09/30/18

Permit Type ☐ Affiliate ☐ Daily Parker ☐ Faculty/Staff ☐ Motorcycle ☐ Twilight

Garage Access ☐ Columbia Garage ☐ Hedco/Education Garage **Prox#**_____

Vehicle Information

All vehicles displaying a permit must be registered to that permit with the Department of Parking and Transportation.

Vehicle #1 License Plate_____ **State**_____ **Color**_____

Make_____ **Model**_____ **Model Year**_____

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

Vehicle #2 License Plate_____ **State**_____ **Color**_____

Make_____ **Model**_____ **Model Year**_____

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

Payment Method

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

☐ **Monthly Payroll Deduction** ☐ **12 months** ☐ **9 months** ☐ **6 months** ☐ **3 months**

Department Signature_____ **Date**_____

By signing above, I verify the applicant is a faculty with minimum rank of instructor or research assistant, a teaching assistant certified by department, or an employee. Deans of colleges and department heads must certify graduate students extended parking privileges.

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 _____ **Issue Date** _____ **Expiration Date** _____

Expire Decal _____ **Issued By** _____ **Total**_____

Permit _____ **Issue Date** _____ **Expiration Date** _____

Expire Decal _____ **Issued By** _____ **Total**_____

Permit _____ **Issue Date** _____ **Expiration Date** _____

Expire Decal _____ **Issued By** _____ **Total**_____