



APPLICATION FOR MONTHLY TENANT PARKING

Applicant Information

Tenant: _____ Date: _____

Address: _____

City

State

ZIP Code

Phone: _____ Email _____

Garage Location: 1st & Jefferson 3rd & Alder 10th & Yamhill 4th & Yamhill Naito & Davis

How many permits are you applying for? _____

The SmartPark General Manager or their designee must approve, in writing, the number of parking permits you are eligible for.

Vehicle Information

Make: _____ Color: _____

License Plate

Number: _____ State: _____

Additional Vehicle Information

Make: _____ Color: _____

License Plate

Number: _____ State: _____



It is the policy of the City of Portland that no person shall be excluded from participation in, denied the benefits of, or be subjected to discrimination in any city program, service, or activity on the grounds of race, color, national origin, disability, or other protected class status. Adhering to Civil Rights Title VI and ADA Title II civil rights laws, the City of Portland ensures meaningful access to City programs, services, and activities by reasonably providing: translation and interpretation, modifications, accommodations, alternative formats, and auxiliary aids and services. To request these services, contact the Portland Bureau of Transportation at 311 (503-823-4000), for Relay Service & TTY: 711.

Make: _____ Color: _____

License Plate Number: _____ State: _____

Make: _____ Color: _____

License Plate Number: _____ State: _____

Make: _____ Color: _____

License Plate Number: _____ State: _____

Disclaimer and Signature

I understand that parking is not reserved and agree to park in non-designated spaces. (ie: ADA, Electric Vehicle Charging or otherwise reserved)

I understand that failure to update license plate information prior to entering the garage will result in charges that will not be refunded or deducted from the monthly payment.

Signature: _____ Date: _____

For SmartPark Use Only

Maximum # of permits available _____ SmartPark Reviewer Initials _____ Date: _____

SmartPark Approval: _____ Date: _____

Group Director Approval (if applicable): _____ Date: _____