



**BUSINESS AREA PARKING PERMIT
EMPLOYEE ROSTER**
(updated: 07/30/2024)

Instructions for completing this form

1. Click the download button.
2. Save the form to your device, give it a name you can easily locate.
3. Fill out the form and **complete the employee roster (the pdf will automatically update after roster is completed).**
4. Save your changes.
5. Log into the online permit system. Follow the prompts.
6. On step 4, you will click "choose file".
7. Find the file saved to your device.
8. Double click on the file to upload it to the online permit system.
9. Note that when the file has been successfully uploaded, it will say "submitted".

APPLICANT INFORMATION

Name:

Address:

Zone:

PBOT

PORTLAND BUREAU OF TRANSPORTATION

EMPLOYEE ROSTER Max 40 hours per employee per week

No.	First and Last Name	Hours per week
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
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31		
32		
33		



The City of Portland ensures meaningful access to city programs, services, and activities to comply with Civil Rights Title VI and ADA Title II laws and reasonably provides: translation, interpretation, modifications, accommodations, alternative formats, auxiliary aids and services. To request these services, contact 503-823-5185, City TTY 503-823-6868, Relay Service: 711.

PBOT

PORTLAND BUREAU OF TRANSPORTATION

No.	First and Last Name	Hours per week
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		

TOTAL

SIGNATURE

I authorize the parking permit program administrator to verify any information contained herein and agree to the following:

- All the information on this form is true and correct.
- The permit(s) assigned to employees may only be used for the purposes of conducting business.
- To immediately cancel my permit(s) if the business relocates outside of the permit area.
- All permit(s) will be canceled and vehicles will be subject to citation if improper use is demonstrated.

By typing your name in the field below, you acknowledge that this has the same legal effect as your handwritten signature.

Full Name: _____

Date: _____



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