



Faculty/Staff Parking Permit Application

Last/Family Name _____ First/Given Name _____

UO ID # _____ Home/Cell # _____

Email Address _____ @ _____ @uoregon.edu

Home Address _____ Apt _____

City _____ State _____ Zip Code _____

Department _____ Campus Phone# _____

Expiration Month (Circle One)

<input type="checkbox"/> 10/31/19	<input type="checkbox"/> 11/30/19	<input type="checkbox"/> 12/31/19	<input type="checkbox"/> 01/31/20	<input type="checkbox"/> 02/29/20	<input type="checkbox"/> 03/31/20
<input type="checkbox"/> 04/30/20	<input type="checkbox"/> 05/31/20	<input type="checkbox"/> 06/30/20	<input type="checkbox"/> 07/31/20	<input type="checkbox"/> 08/31/20	<input type="checkbox"/> 09/30/20

Permit Type Affiliate Daily Parker Faculty/Staff Motorcycle Twilight

Garage Access Columbia Garage Hedco/Education Garage Prox# _____

Vehicle Information

All vehicles displaying a UO permit must be registered to that permit with Transportation Services.

Vehicle #1 License Plate _____ State _____ Color _____

Make _____ Model _____ Model Year _____

Vehicle Type 2 Door 4 Door SUV Van Station Wagon Motorcycle Pickup

Vehicle #2 License Plate _____ State _____ Color _____

Make _____ Model _____ Model Year _____

Vehicle Type 2 Door 4 Door SUV Van Station Wagon Motorcycle Pickup

Payment Method

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

Monthly Payroll Deductions (3 month permit duration or greater)

Department Signature _____ Date _____

By signing above, I verify the applicant is a faculty member with minimum rank of instructor or research assistant, a teaching assistant certified by a university department, or an employee.

Applicant Signature _____ Date _____

By signing above, I agree to comply with UO Parking Policies and Regulations and to 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 the full value of the permit distributed to me regardless of billing time frame agreements, and to pay a replacement fee if my permit is lost. Only permits of at least 3 months in duration are eligible for refunds. I verify that the information I entered on this form is true and accurate.

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 _____