PARKING PERMIT APPLICATION

Send the completed form to: Parking Services, 606 SW 15th, 100 Adams Hall, Corvallis, OR 97331. Permit applications will be processed in the order received and mailed to the applicant’s address below.

For questions, call 541-737-2583.

OSU ID number ____________________________
Last Name ________________________________
First Name ________________________________
Phone ________________________________
E-mail ________________________________

On Campus Address
Department___________________________
Building______________________________

OR
Off Campus Address
Address_________________________
City___________ ST ______ Zip Code________

Note: Purchasing your permit online is your best chance to obtain your desired zone

Permit Zone/Type (please number your first and second choice)

A1 ___  A2 ___  A3 ___  Motorcycle ___
B1 ___  B2 ___  B3 ___
C ___  BR ___  CR ___

Check if you want to be added to a waitlist for your first zone choice, if it's not available ______

Permit Duration
Annual    Monthly

Vehicle License Plate___________________________
State_____  Make_______________
Color_______ Body Style__________

Vehicle License Plate___________________________
State_____  Make_______________
Color_______ Body Style__________

Registered Owner Information Same as Permit Holder ___

If not, provide the following:
Name_____________________________
Street Address____________________
City___________ St____ Zip__________

Registered Owner Information Same as Permit Holder ___

If not, provide the following:
Name_____________________________
Street Address____________________
City___________ St____ Zip__________

By signing below, I verify that:

I understand decal permits must be displayed on the rear window at all times to avoid a parking fine.
Parking permits are not valid at campus meters; permits must be used in the lots designated by permit type.
I understand I am fully responsible for the vehicle(s) in which this permit is displayed. I agree to abide by the OSU Parking Rules & Regulations as found on the Parking Services website: parking.oregonstate.edu
I verify that the information entered on this form is true and correct.

APPLICANT SIGNATURE: ____________________________ DATE: ______________________________

(office use only)
PERMIT # ____________________________ PAYROLL DEDUCTION (MO) __________________
CASH ______________ CHECK # __________________ CREDIT CARD # __________________