

Agency/Vendor Parking Application

Please print clearly		
Agency/Vendor Name:		Agency Number:
Division/Section:		
Business Address:		
Contact Name:		
Work Phone #:	Email:	
2 nd Contact Name:		
Work Phone #:	Email:	
Billing Contact Name:		
Billing Phone #: En	nail:	
Billing address:		
Vehicle description		
Vehicle # 1 – Make /Model:	State:	Plate:
Vehicle # 2 – Make /Model:	State:	Plate:
Vehicle # 3 – Make /Model:	State:	Plate:
Payment:		
Invoice - State agencies and vendors are billed monthly in arrears.		
We understand that parking regulated by the Department of Administrative Services is subject to the provisions of <u>OAR Chapter 125</u> , and ORS Chapters <u>98</u> , <u>276</u> , <u>283</u> , and <u>292</u> . By accepting any parking assignment made by the Department, agency personnel agree to abide by these rules and laws. We further understand that failure to abide by these rules and laws by any agency personnel may result in citation, prosecution and/or loss of agency vehicle parking privileges.		

Signature: ____

__ Date: ____

 FOR OFFICE USE ONLY

 Lot Assigned/Space Number:
 Monthly Rate:

 Effective Date:
 Record Number: