

Agency/Vendor Parking Application

Fleet & Parking Services 1100 Airport Rd SE Salem, OR 97301-6082 503-378-5090 503-378-2157 fax

state.parking@oregon.gov https://www.oregon.gov/DAS/FleetPark

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 #:	Email:		
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 ven	idors are billed monthly in arrears.		
and ORS Chapters 98, 276, 283, and 292. B	by accepting any parking assignment inderstand that failure to abide by thes	ces is subject to the provisions of OAR Chapter 125, made by the Department, agency personnel agree to se rules and laws by any agency personnel may resu	
Signature:	Date	e:	
	FOR OFFICE USE ONLY	,	
Lot Assigned/Space Number:	Mor	nthly Rate:	
Effective Date:	Rec	Record Number:	