Carpool Parking Permit Application

A carpool is defined as a group of two or more persons who ride to OSU-Cascades together; all persons in the carpool must be associated with the University in some manner (faculty/staff/student). A carpool will be issued a single digital permit which will include vehicles owned by carpool members, but only one car under this permit will be allowed in the lot at a time. A carpool parking permit will allow members to park in any designated carpool space at the 1500 Chandler Avenue campus and any unmarked space at other OSU-Cascades owned lots. The primary applicant must provide a statement of explanation as to how all members' home addresses and work or class schedules correlate to create an effective carpool. Student applicants must provide class schedules to demonstrate that they will be attending classes at the same date/time as the other carpool members.

**Primary Applicant (Required to provide contact info with online application)**

- ( ) Faculty/Staff  ( ) Student  ( ) Other__________________________

Last Name________________________________ First ______________________
OSU-C ID________________________________ Home/Cell #____________________

**Permit Valid During Academic Term**

- ( ) Fall 2022 ( ) Winter 2021 ( ) Spring 2022 ( ) Summer 2022

**Statement of Explanation - how are you going to make carpooling work for you?**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Applicant Signature___________________________________ Date____________________

*By signing above, I agree to comply with OSU-Cascades parking rules and regulations. I understand that 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 verify that the information I entered on this form is true and correct.*

*Office Use Only*  Approved Date________________ Reviewer Initial________________________
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Carpool Member #2
Faculty/Staff  Student  Other____________________________

Last Name________________________________ First Name_______________________________
OSU-C ID_______________________________ Home/Cell #_______________________________
Email Address____________________________________________________________________
Home Address____________________________________________________ Apt________________
City__________________________________ State___________ Zip Code____________________
Applicant Signature_________________________________________ Date____________________
By signing above, I agree to comply with OSU-Cascades parking rules and regulations. I understand that 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 verify that the information I entered on this form is true and correct.

Carpool Member #3
Faculty/Staff  Student  Other____________________________

Last Name________________________________ First Name_______________________________
OSU-C ID_______________________________ Home/Cell #_______________________________
Email Address____________________________________________________________________
Home Address____________________________________________________ Apt________________
City__________________________________ State___________ Zip Code____________________
Applicant Signature_________________________________________ Date____________________
By signing above, I agree to comply with OSU-Cascades parking rules and regulations. I understand that 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 verify that the information I entered on this form is true and correct.

Office Use Only
Permit 1________________ Expire Decal_________ Expiration Date__________ Type________
Permit 2________________ Expire Decal_________ Expiration Date__________ Type________
Permit 3________________ Expire Decal_________ Expiration Date__________ Type________