



# Carpool Parking Permit Application

**Please read before filling out 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?

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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 \_\_\_\_\_

# Carpool Parking Permit Application

## 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 \_\_\_\_\_

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## 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 _____