

Priority Parking Request

Note to the Requestor: By submitting this form you agree to the terms and conditions of Priority Parking, which can be found at: <https://www.ohsu.edu/xd/about/services/transportation-and-parking/About/parking-policies/upload/Priority-Parking.pdf>

Priority Parker _____ Date _____

Signature of Priority Parker _____

OHSU Email Address _____ Employee ID _____

Department _____ Phone _____

Requestor _____

Justification for Request

Duration of parking: Annual Monthly Start Date: _____

Only choose a start and end date when selecting the monthly option above End Date: _____

Type of parking requested (choose one):

Marquam Hill 1 Diamond 2 Diamond
South Waterfront Schnitzer Bancroft Moody

FAID _____ Alias _____

Name of Fiscal Authority _____

Fiscal Authority Signature _____

Department agrees to pay Priority fee only Priority fee and monthly fee

Approving Authority _____

Signature of Approving Authority _____

Office Use Only

Wait list sign up

Recurring monthly billing

Signature

date