

Permit No. _____

WASHINGTON PARK PARKING LOT
EXPERIMENTAL PERMIT PARKING PROGRAM
MONTHLY PARKING APPLICATION

Name _____
(Please print clearly)

Res. Address _____

_____	City	_____	State	_____	Zip
Telephone	_____	Business	_____	Residence	_____
					Other

Email address _____

Make of Car _____ Year _____

License No. _____ State _____

Starting Date _____

Payment method _____ check _____ credit card

_____	_____
(Circle) Visa or MasterCard number	Expiration date

Signature for credit card charge

RELEASE AND HOLD HARMLESS
(Read Carefully Before Signing)

It is the intention of _____ (print name) to release and hold harmless Metro, Oregon Zoo, City of Portland, Children's Museum, World Forestry Center, and their agents, officers, directors, employees, and elected officials from all liability, losses or damages whatsoever for property damage, bodily injury, including death, or personal injury arising from or resulting in whole or in part from participation in this parking program.

Signature

Date

OZA-006