

Please return to: Shorenstein Realty Services 10220 SW Greenburg Rd., Suite 310 Portland, OR 97223

Phone: 503-619-3100 FAX: 503-619-3110

INSTRUCTIONS

Please complete the information below and return it to Shorenstein located in Suite 310 at 2 Lincoln. New permits will be dropped off at your suite the next business day.

| | 4 Linco | oln Parking Permit App | olication | |
|-----------------------------------|-------------------------------|--|---------------|--|
| Please thoroughly com | plete this form, including al | l appropriate signatures prior | to submitting | to Shorenstein for processing. |
| COMPANY INFORM | <u>MATION</u> | | | |
| Company | | | Phone | |
| Name | | | # | |
| Suite # | | | Fax # | |
| PARKING PERMIT I | NICODRACTION | | | |
| NAME | NFORMATION | | | |
| | | | | |
| PERMIT NUMBER | | | | |
| | | | | |
| VEHICLE INFORMA | TION | | | |
| MAKE: | MODEL: | COLOR: | | LICENSE PLATES: |
| | | | | |
| | • | | | or at all times that vehicle is may be ticketed and subjec |
| Signature of Vehicle Owner/Driver | | | | Date |
| _ | | stein to process this pony NY REPRESENTATIVE: | arking per | mit request as stated above. |
| Signature | | | | Date |
| ****** | ****** | ****** | ***** | ******* |
| | | SHORENSTEIN USE ONLY | | |
| | | | | |

| PERMIT NUMBER: | ASSIGNED BY: | DATE: | |
|----------------|--------------|-------|--|
| | | | |