Temporary On-street Parking
Permit Application

(For office use only)
Permit #:

Customer Service Center
City Hall / 555 Liberty St. SE / Room 100 / Salem, OR 97301-3513
503-589-2075 * parkingpermits@cityofsalem.net
If you need help understanding this information, please call 503-589-2075.
Si necesita ayuda para comprender esta información, por favor llame 503-589-2075.

Passholder information (person responsible for the permit)

	Applicant
Name of passholder and business name	
Mailing address	
Phone number	
Email address	

Project information

Permit fee	Per space: $15/day; $75/week; $150/month. Based on the number of days requested.	
Reason for permit and special conditions		
Start and end dates requested		
Number of spaces requested		
Number of vehicles		
Address of event		
Parking location requested including block number and street name		

Terms and conditions

Correct information: I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of the Code governing the license for which I am applying.
Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials): _____

Authorized Signature: _____

Print Name: _____ Date: _____

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