



Gregory J. Nickels, Mayor

Seattle Department of Transportation

Grace Crunican, Director

COMMUTER SERVICES CARPOOL PARKING PERMIT

Application & Renewal Form

Mail completed forms with your payment to
Commuter Services, SDOT
P.O. Box 34996
Seattle WA 98124-4996
TEL: 206-684-0816 FAX 206-684-5085

Table with 3 columns: Field, Carpooler #1, Carpooler #2. Fields include Name, Residential Street Address, City, State, Zip Code, e-mail address, Home Telephone Number, Employer Name, Building Name, Worksite Address, Worksite Zip Code, Work Telephone Number, Start Work Time, End Work Time, Dropped off?, Do you have a transit pass?, Carpool vehicle license Nos., Where do you want to park?

I hereby certify that the information provided by me on this form is true and acknowledge SMC 112A.16.040, which states that it is illegal to file or cause to be filed with the City any misstatements of material fact and SMC 12A.02.070, which states that such misstatements are a gross misdemeanor punishable by a maximum term in jail of 365 days and or a \$5,000.00 fine. I authorize the City of Seattle to verify the information provided by me.

Carpooler #1 Signature and Date

Carpooler #2 Signature and Date

Use the following form to add members to your carpool.



Key Tower, 700 5th Avenue, Suite 3900, Seattle, WA 98104-5043
Tel: (206) 684-ROAD (684-7623), TTY/TDD (206) 684-4009, FAX: (206) 684-8571
Internet address: http://www.seattle.gov/transportation
An equal employment opportunity employer.
Accommodations for people with disabilities provided on request.



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	Carpooler #3	Carpooler #4
Name		
Residential Street Address		
City, State, Zip Code		
e-mail address		
Home Telephone Number		
Employer Name		
Building Name		
Worksite Address		
Worksite Zip Code		
Work Telephone Number		
Start Work Time		
End Work Time		
Dropped off ?	No ___ Yes ___, Location	No ___ Yes ___, Location
Do you have a transit pass?		
Carpool vehicle license Nos.		
Where do you want to park?		

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Carpooler #3 Signature and Date

Carpooler #4 Signature and Date