



PEACEHEALTH
SACRED HEART MEDICAL CENTER

VEHICLE PARKING REGISTRATION
Non-PeaceHealth Employees

To be filled in by Security & Parking Services

Parking Permit Number VR-OHSU-	Permit Color/Lot Red/
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Assigned to the following Parking Space/Area
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Bottom section to be filled out by employee
Check One:

- Intern _____
- Traveler _____
- Temp. Emp. _____
- Other: Medical Student (Please explain)

NAME OF PRIMARY DRIVER _____

Home Address: _____

Department: Center for Medical Education & Research Campus: All

Work number: 541-686-7173 Home Number: _____

MAKE OF VEHICLE _____ MODEL _____

Year of Vehicle _____ Color(s) _____

License Plate Number _____ State _____

Driver's Signature _____ Date Registered _____

Notice: Return completed form to Center for Medical Education & Research at
Efax # 541-335-2343
Your temporary permit will be issued to you at Orientation
For questions, call 541-686-7173 or Facilities Management at 541-686-6867.