

Parking Application Form

Please select which option you are requesting:

- ☐ Monthly Pass: \$105.05 per month
- ☐ Staff Payroll Deduct
- ☐ Pay-Per-Use Pass (Note: Daily flat rate: \$13.00)
 - ☐ 10 for \$70.40 (\$7.04 per use)
 - ☐ 20 for \$130 (\$6.50 per use)
 - ☐ 30 for \$178.70 (\$5.96 per use)
- ☐ Discounted LTC Family Pass: \$52.53 per month

I am: ☐ Staff ☐ Volunteer ☐ Families and Friend ☐ Visitor ☐ LTC Resident ☐ Student

Name of Applicant (Last Name, First Name) Please Print _____

Mailing Address _____

Postal code _____ Telephone _____

License Plate # _____ Prov _____ Make & Colour _____

License Plate # _____ Prov _____ Make & Colour _____

Parking FOB# Office Use Only _____

LTC Residents, Families and Friends Section

Indicate one of the following: ☐ One Free Parking Pass ☐ Two Discounted Monthly Passes

Discounted monthly pass holders must be designated and approved by resident/POA.

Associated Residents Name, Building and Room # _____

SDM Approval:

Name Please Print _____ Signature _____ Date _____

Admission Office Approval:

Name Please Print _____ Signature _____ Date _____

Termination of Monthly Pass & Payroll Deduction Request

I request that my parking pass be terminated and monthly payroll deduction for parking charges also be terminated, effective: _____ Signature of Staff _____

Pass Returned: ☐ Yes ☐ No Exit Pass Given: ☐ Yes ☐ No

Lost Card

Lost Card Date Reported _____ New Card # _____ Paid _____ Receipt # _____

Important – Terms and Conditions

- Please note that a Security Fob will be issued as the physical parking pass. The Fob is non-transferable and a non-refundable deposit/replacement fee of \$15 will apply.
- A “Request for Issuance of Security Fob” form must also be completed. Pass holders are subject to Terms and Conditions outlined in the Fob request form.
- Please note pricing will be increased on an annual basis.
- For staff a notice period of **60 days** is required for cancellation of monthly passes.
- Once designated, individual holders eligible for free or discounted passes, cannot be transferred to another applicant for **6 months** from date of issue.
- Applicant must make arrangements to pick up their own pass in person from Support Services during regular office hours (Monday-Friday 8am-3:45pm) excluding stat holidays.
- Questions/Comments:
Concetta Santoro: 613.526.7171 ext. 2520 or by email csantoro@perleyhealth.ca
- Perley Health is not responsible for loss or damage to vehicles or contents.
- By signing below, I am confirming that I have received and accepted the fob under the above terms and conditions.

Signature of Applicant _____ Date _____

Office Use Only

Approved by: _____ Date _____

Issued by: _____ Date _____

Date Surrendered: _____ Reason: _____ Received by: _____