



# Parking Application Form

**Please select which option you are requesting:**

- Monthly Pass: \$97 per month
- Staff Payroll Deduct
- Pay-Per-Use Pass
  - 10 for \$65 (\$6.50 per use)
  - 20 for \$120 (\$6.00 per use)
  - 30 for \$165 (\$5.50 per use)
- Discounted LTC Family Pass: \$48.50 per month

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

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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 \_\_\_\_\_

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## 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 \_\_\_\_\_

1750 Russell  
Road, Ottawa,  
ON K1G 5Z6

613.526.7170 Fax  
613.526.7172  
PerleyHealth.ca

## 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

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Lost Card  
Lost Card Date Reported \_\_\_\_\_ New Card # \_\_\_\_\_ Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

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### 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 \$10 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](mailto: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 \_\_\_\_\_

Issue by: \_\_\_\_\_ Date \_\_\_\_\_

Date Surrendered: \_\_\_\_\_ Reason: \_\_\_\_\_ Received by: \_\_\_\_\_