



# Parking Application Form

Please select which option you are requesting:

- Monthly Pass: \$100 per month
- Staff Payroll Deduct
- Pay-Per-Use Pass
  - 10 for \$67.02(\$6.70 per use)
  - 20 for \$123.72 (\$6.19 per use)
  - 30 for \$170.12 (\$5.67 per use)
- Discounted LTC Family Pass: \$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 can request a FOB and pick up the FOB from Support Services. The Support Services office is open 8 am to 3:45 pm, Monday through Friday. The office is closed for lunch daily from Noon to 1 pm.
- 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 \_\_\_\_\_

Issued by: \_\_\_\_\_ Date \_\_\_\_\_

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