



# Parking Application Form

## General Information

Current pricing structure:

- Monthly Pass: **\$97** per month
- 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 (pending approval)

I am:  Staff  Volunteer  Families and Friend  Visitor  LTC Resident

Name of Applicant (Please Print: Last Name, First Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Postal code \_\_\_\_\_ Telephone \_\_\_\_\_

License Plate # \_\_\_\_\_ Prov \_\_\_\_\_ Make & Colour \_\_\_\_\_

License Plate # \_\_\_\_\_ Prov \_\_\_\_\_ Make & Colour \_\_\_\_\_

Parking FOB# *Office Use Only* \_\_\_\_\_

## Staff/Volunteer/Visitor Section

Indicate one of the following:  Monthly Pass or  Pay-Per-Use Pass

Department \_\_\_\_\_

Activation Date *Office Use Only* \_\_\_\_\_

## LTC Residents, Families and Friends Section

Indicate one of the following:  One Free Parking Pass  Two Discounted Monthly Passes  
 Additional Monthly Pass at Full Price  Pay-Per-Use Pass

Free and discounted monthly pass holders must be designated and approved by resident/SDM.

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

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### Lost FOB

Lost FOB Date Reported \_\_\_\_\_ New FOB # \_\_\_\_\_ 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-4pm) 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 \_\_\_\_\_  
Issue by: \_\_\_\_\_ Date \_\_\_\_\_  
Date Surrendered: \_\_\_\_\_ Reason: \_\_\_\_\_ Received by: \_\_\_\_\_