



FACULTY & STAFF PARKING APPLICATION

PERMIT ISSUED: S _____ - _____
(OFFICE USE ONLY)

Last Name: _____

First Name: _____

E-Mail Address: _____

Contact Number: _____

Department: _____

Ext: _____

Employee #: _____

Local Address: _____

City: _____

Postal Code: _____

PLEASE NOTE:

All full-time faculty and staff will be put on payroll deductions for parking permits, pending approval by Human Resources.

The following employees unfortunately, do not qualify for faculty/staff payroll deductions - part-time, contractual, seasonal, sessional and occasional.

I wish to register the following vehicle(s) and understand that by signing below I am responsible for any and all parking violations issued to the following license plate number(s):

1. Plate: _____ Make: _____ Model: _____ Colour: _____
Body Style: ☐ 2-Door ☐ 4-Door ☐ Hatchback ☐ SUV ☐ Truck ☐ Van
2. Plate: _____ Make: _____ Model: _____ Colour: _____
Body Style: ☐ 2-Door ☐ 4-Door ☐ Hatchback ☐ SUV ☐ Truck ☐ Van
3. Plate: _____ Make: _____ Model: _____ Colour: _____
Body Style: ☐ 2-Door ☐ 4-Door ☐ Hatchback ☐ SUV ☐ Truck ☐ Van

I wish to apply for handicapped parking. I am attaching a copy of my current MOT permit front and back.

Signature: _____

Date: _____

Submit Form To: Campus Parking Services located at Joyce Entrepreneurship Centre, 2455 Wyandotte Street West, Room #106
If you have any questions while completing the form, please contact 519-253-3000 ext. 2413