



**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 faculty and staff will be put on payroll deductions for parking permits, pending approval by Human Resources.

The following groups unfortunately, do not qualify for faculty/staff payroll deductions, 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 accessible parking. I am attaching a copy of my current MOT permit front and back  
 I require (please check one) \_\_\_ van accessible \_\_\_ standard accessible

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