

**PARKING APPLICATION FORM 2011-2012 Effective September 1, 2011 to August 31, 2012**

**General Instructions**

- ① Print Clearly
- ② Form must be completed entirely
- ③ Outstanding parking fines may delay the processing of this parking application.

**PERSONAL INFORMATION (please print)**

Canadore College    Staff     Student     Student Number

Last Name

Given Name

Home Mailing Address: Street/Box No.

Town/City

Province

Postal Code

Home Telephone

Business Telephone (include extension)

**PAID PARKING SCHEDULE**

LOT	ANNUAL	SEMESTER	MONTHLY	DAILY	CHOICE
General	\$185.00	\$121.00	\$46.50	\$5.00	

**RESIDENCES - PARKING PERMITS**  
These permits are for Residence lots only.

	ANNUAL	SEMESTER	CHOICE
Townhouse Residence ONLY Lot 2	\$285.00 Plug In Spot		
Lot 1	\$210.00	\$121.00	
Lower Residence	\$135.00	\$85.00	

**PLEASE NOTE: H.S.T. ADDITIONAL**

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**VEHICLE DESCRIPTION**

	Licence Plate Number	Make/Model
1		
2		

**PAYROLL DEDUCTION AUTHORIZATION**

**Full-time staff/faculty only**

Faculty  Admin.  Support

I hereby authorize the appropriate Parking Fee deduction until August 31, 2012.

I agree to return the permit(s) before cancellation is effective.

Signature

Date

**OSAP DEFERRED - CANADORE ONLY**

I hereby authorize the deduction of parking fees owed from my OSAP Funds.

Signature

Date

**WITHDRAWAL AND REFUND**

1. No annual permit refunds will be granted after January 1st.
2. Parking permits and receipts must be returned to The Education Centre, Security, B203 and withdrawal form completed.
3. Administration \$25.00 fee applies.

**PARKING PRIVILEGES**

- Paid Parking is in effect from 8 am to 5 pm, Monday through Friday.
- If you attend the campus after 5:00 pm weekdays or on weekends a permit is not required in **numbered** parking lots.
- Parking Policies and Procedures are in effect 7 days a week, 24 hours a day.
- Outstanding parking fines may delay the processing of this parking application.

**By signing this application:  
The applicant agrees to abide by the Parking Policy  
and Regulations.**

Signature

Date

**AVOID WAITING IN LINES!**

**Speed Up the Process - Avoid Waiting in Line - Wasting Valuable Time!**

Prepay with VISA or MasterCard  
(Please do not mail cash, cheque or money order)

Credit Card Number

Expiry Date

Cardholder's Name (please print)

Signature

**PLEASE NOTE: H.S.T. ADDITIONAL**

**OFFICE USE ONLY**

Lot Number

Permit No.

Cheque

Fee

Cash

H.S.T.

Direct Debit

VISA

Total Charge

MasterCard

American Express

Authorized By

Receipt Number

Date