

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	

STAFF ONLY - DESIGNATED		
	ANNUAL	CHOICE
Front	\$275.00	
Back	\$275.00	

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 Security, W100 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.
- Daily visitor parking is available at the Pay'n Display Lot in the general lot.

**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.
<input type="checkbox"/> Cheque	Fee
<input type="checkbox"/> Cash	H.S.T.
<input type="checkbox"/> Direct Debit	Total Charge
<input type="checkbox"/> VISA	Authorized By _____
<input type="checkbox"/> MasterCard	Receipt Number _____
<input type="checkbox"/> American Express	Date _____