

Comments:

PARKING PERMIT APPLICATION: ORIENTATION

To be completed by staff for ALL vehicles that may be parked at Waypoint. Parking permits will be issued to individual staff (1 per registrant) and may be moved between vehicles owned or shared by the applicant. When staff alternate vehicles they will be responsible to move the permit and ensure the permit is displayed in the vehicle on site. Motorcycles must be registered but will not be required to display a permit.

| Name: Email: | Program / Dept.: Phone Ext.: | | | |
|---|--|---|---|--|
| | | | | |
| | | Opting into Pa | arking | |
| Vehicle Inf | formation: | | | |
| | Make | Model | Colour | License Plate # |
| | | | | |
| | | | | |
| Onting Out of Parking | | | | |
| Opting Out of Parking | | | | |
| I wish to opt out of parking | | | | |
| Terms and Conditions: | | | | |
| rerms and | a Conditions: | | | |
| per hour/ r license pla number ha | maximum \$16.50 per pay ate and are not transferab as changed, the permit ho | deducted from their wages or le from vehicle to vehicle unle | a bi-weekly basis. Pe ss included in the list a t the parking permit ap | bove. If your license plate plication. In the event that the |
| of parking wish to rei | fees and opt back in onc nstate paid parking, a ne | e per calendar year at no char | ge by completing an O orm will be required to | f paid parking. Staff may opt out pt Out form. At the time that staff be completed. Any additional opt |
| Signature: | | | | |
| Fo | rms must be emailed (f | inance@waypointcentre.ca), Call x2074 for more infor | faxed (705-549-3123) mation. | yyyy/mm/dd , or hand-delivered only. |
| OFFICE USE C | DNLY: | | | |
| QHR: | | Date: | yyyy/mm/dd | Permit Number: |
| \ | | | | |
| Validation: | | Date: | yyyy/mm/dd | |