



(1) Personal Information: - Please complete in full.

A Parking Application Must Accompany This Form

Student / Staff ID:	E / W									<i>A valid ID number is required to process your application</i>
Last Name:					First Name:					
Address:										
City:				Province:			Postal Code:			
Email Address:						Telephone:				

(2) Parking Permit Fees: Please Mark (X) the box for which you are applying (All prices include HST).

Duration <i>Permits are sold by complete calendar month.</i>	<input checked="" type="checkbox"/>	General Parking Permit Fee <i>Valid Anytime</i>	<input checked="" type="checkbox"/>	General Night Permit Fee <i>Restricted to after 5:00pm</i>
1 Month		\$36.75		\$15.70
2 Months		\$68.30		\$26.25
3 Months		\$94.55		\$36.75
Semester (Ending Dec 2017 OR Apr 2018 OR Aug 2018)		\$105.05		\$42.00
Full Year (Ending August 31, 2018)		\$210.10		
General Gated Full Year (Ending August 31, 2018)		\$262.65		

(3) Additional Parking Fees

I understand that my application will not be processed if I have outstanding Parking Fees, unless I agree to pay out the Parking Fees listed in the line below.	Initial Here:	
If I have outstanding parking fees, I authorize the Parking Department to charge a maximum of \$_____ to clear the fees so I may be issued a Parking Permit. Parking Fees will be charged in a separate transaction.	Initial Here:	
I understand that if my application is rejected because of outstanding parking fees that a Parking Permit is not held for me and that I must re-apply for a Parking Permit.	Initial Here:	

(4) Delivery Method

My permit will be available to pickup 5 working days from the day the Permit Application and this Payment Form is submitted. I may pickup the permit at my Home Campus (Windsor/Chatham) Parking Office. I must provide Photo ID to pickup my Parking Permit. I must pickup the permit in person, I cannot send another person in my place.	Initial Here:	
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(5) Payment

Name On Credit Card																	
Credit Card Number																	
Credit Card Type	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	Expiry Date	<i>MM / DD</i>												
Signature											Maximum Charge Amount	\$					

By signing the above, I agree to pay up to the Maximum Charge Amount (Parking Permit Fee + Additional Parking Fees) as indicated on this form. I will be charged for the Permit Fee and Additional Parking Fees (limit noted above) listed on my account / license plate, not exceeding the Maximum Charge Amount. If my balance exceeds the Maximum Charge Amount I will not be charged and my application will be rejected.

>>>> CHECK YOUR FORM FOR ACCURACY - INCOMPLETE FORMS RISK BEING REJECTED <<<<

Parking Office Use Only							
Date Received		Time Received		Payment Processed		Destroy Date	