

Road, Ottawa,

ON K1G 5Z6

Parking Application Form

Please select which option you are requesting: □ Monthly Pass: \$102 per month □ Staff Payroll Deduct □ Pay-Per-Use Pass □ 10 for \$68.35(\$6.84 per use) □ 20 for \$126.20 (\$6.31 per use) □ 30 for \$173.50 (\$5.78 per use) Discounted LTC Family Pass: \$51 per month I am: □ Staff □ Volunteer □ Families and Friend □ Visitor LTC Resident □ Student Name of Applicant (Last Name, First Name) Please Print Mailing Address Postal code Telephone License Plate # _____Prov_____Make & Colour _____ Prov Make & Colour License Plate # Parking FOB# Office Use Only LTCResidents, Families and Friends Section Indicate one of the following: One Free Parking Pass Two Discounted Monthly Passes Discounted monthly pass holders must be designated and approved by resident/POA. Associated Residents Name, Building and Room # SDM Approval: Signature _____ Date _____ Name Please Print Admission Office Approval: Signature _____ Date _____ Name Please Print 1750 Russell

613.526.7170 Fax: 613.526.7172 PerleyHealth.ca

Termination of Monthly Pass & Payroll Deduction Request

I request that my performed be terminated, effe	•••				and monthly payroll deduction for parking charges also Signature of Staff					
Pass Returned:	□ Yes		No	Exit Pass Given:	•	Yes		No		
Lost Card										
Lost Card Date Reported			New Card #			_ Paid		_ Receipt #		

Important – Terms and Conditions

- Please note that a Security Fob will be issued as the physical parking pass. The Fob is non-transferable and a non-refundable deposit/replacement fee of \$10 will apply.
- A "Request for Issuance of Security Fob" form must also be completed. Pass holders are subject toTerms and Conditions outlined in the Fob request form.
- Please note pricing will be increased on an annual basis.
- For staff a notice period of **60 days** is required for cancellation of monthly passes.
- Once designated, individual holders eligible for free or discounted passes, cannot be transferred to another applicant for **6 months** from date of issue.
- Applicant must make arrangements to pick up their own pass in person from Support Services during regular office hours (Monday-Friday 8am-3:45pm) excluding stat holidays.
- Questions/Comments: Concetta Santoro: 613.526.7171 ext. 2520 or by email csantoro@perleyhealth.ca
- Perley Health is not responsible for loss or damage to vehicles or contents.
- By signing below, I am confirming that I have received and accepted the fob under the above terms and conditions.

Signature of Applicant	Date	
J I I		

Office Use Only		
Approved by:		Date
Issued by:		Date
Date Surrendered:	Reaso <u>n:</u>	Received by: