



Personal Contact Information

First Name: _____

Last Name: _____

Address: _____

City: _____

E-mail: _____

Phone: _____

Parking Card Request Time

From (yyyy/mm/dd): _____

To (yyyy/mm/dd): _____

Parking Card Policy

1. \$50 CAD for Card Damage Deposit; will fully refund when card returned in good condition.
2. \$50 CAD for each month required.
3. \$50 CAD will apply every month when late return after agreed return date.

Authorizing Signature

**By signing below, I agreed the statements list above.*

Name Print: _____

Sign: _____

Date: _____