



## Mississauga Secondary Academy

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## MSA1.3.23 Parking Card Application

### 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: \_\_\_\_\_