

Designated Parking Permit Application



APPLICANT INFORMATION			
First Name:		Last Name:	
Street Number:	Street Name:		Suite/Unit Number:
City/Town:		Province:	Postal Code:
Home Telephone Number:		Business Telephone Number:	Mobile Telephone Number:
Email:			

PRIORITY INFORMATION		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there parking on the property?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes , do you have access to that parking?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is this the first vehicle for which you have obtained a permit?

PARKING LOT INFORMATION	
Preferred Parking Lot: <input type="checkbox"/> Opera House (Water St. S) <input type="checkbox"/> Jones St. <input type="checkbox"/> Elgin St. <input type="checkbox"/> Water St. N <input type="checkbox"/> Pyramid Recreation Centre <input type="checkbox"/> Station St.	Permit Options: <input type="checkbox"/> Short-Term Designated Parking Permit (7 days) <input type="checkbox"/> Long-Term Designated Parking Permit (November 1-October 31)
	Additional Information:

VECHILE INFORMATION		
Make:	Model:	Year:
Colour:	Plate Number:	

APPLICANT/AGENT CERTIFICATION

I, hereby make this Designated Parking Permit Application, declaring that all information contained herein is true and correct, and acknowledging the Town of St. Marys will process the application based upon the information provided. I also acknowledge that I have read the Town of St. Marys Traffic, Parking and Boulevard Maintenance By-Law and Schedules and agrees to abide by all requirements and conditions therein.

Owner/Agent
(Please Print)

Owner/Agent
(Signature)

Date

For any additional questions or concerns, please contact the **Public Works Department at 519-284-2340 ext. 213**. Should you require assistance in person, please visit the **Public Works Department** counter located at the Municipal Operations Centre, 408 James Street South.