

Monthly Parking Application/Agreement

Last Name		First Name		HHS/FHS/VA ID Number	
Employer		Department		Title	
Work Phone Number		Extension		Pager	
Home Address			City/Province		Postal Code
Home Telephone Number		e-mail address			

Vehicle Make and Model	License Plate #	Year	Colour

PARKING AGREEMENT-LIMITED LIABILITY

- Assigned parking transponder/permit/card is for the sole use of the individual (customer) specified above and signed below, and is non-transferrable. Any attempt to fraudulently use parking pass/transponder will result in cancellation of parking privileges.
- Spaces in Hamilton Health Sciences parking facilities are utilized on a "first-come-first serve" basis, and are not guaranteed.
- Parking rates are approved by Hamilton Health Sciences and are subject to change without notice.
- The Customer is responsible for monthly payments based on their preferred method of payment as indicated below in order to keep account in good standing. All outstanding balances are subject to collection of arrears through payroll deduction (if applicable) without Customer's authorization. Accounts with balances of 30 days or more will be canceled and transponders/permits/cards deactivated without notice.
- St Peter's / King West Campus / Big Bee lot permit holders **must return permit to the parking office in order to complete cancellation of parking privileges and avoid ongoing monthly parking fees.**
- Charges are for access to Hamilton Health Sciences parking facilities only. Hamilton Health Sciences Volunteer Association and Hamilton Health Sciences do not assume any responsibility whatsoever for the loss or damage due to fire, theft, collision or otherwise to the vehicle or it's contents, however caused. If a vehicle is parked illegally in a reserved parking area, is parked in a designated aisle way, or loading area or represents an unsafe condition, the vehicle will be tagged and/or towed at owner's expense.
- Hamilton Health Sciences Volunteer Association reserves the right to audit parker's parking access/usage based on available access reports and to provide copies of such report in whole or in part to Hamilton Health Sciences, from time to time.
- Non-refundable Transponder fee /replacement fee in the amount of \$..... is applicable .
- Customers who lose or have their transponders/ permit/card stolen must contact their respective Parking Office immediately in order to obtain a replacement. An additional replacement fee of \$..... will be required upon receipt. Damaged or defective transponder/card will be replaced at no additional charge.
- Parking rates include all applicable taxes.
- The Customer shall comply with all the regulations of this Parking Agreement.

I HAVE READ AND UNDERSTOOD THE ABOVE REGULATION:	
Signature of Applicant	Date

FOR OFFICE USE ONLY										
Transponder /Card /Permit #					Issuing Location:					
Date Issued:				Date Expires:						
Parking Sites Assigned: (checkmark those that apply)	MUMC		UCC		General		JHCC		King West Campus	St. Peter's
Parking Access	South Garage		Staff Lot		Victoria garage		Concession garage		166 Main St	
	Underground				Wellington Lot		Poplar garage		106 Park St.	
	Ward Ave.				Barton Lot		Big Bee Lot		84 York	
	After Hours SG				215 Barton St Lot				17 James St.	
Payment Method (circle applicable method of payment)		Payroll HHS/FHS/HHSVA		CC		Automatic Withdraw/Debit (EFT)		Invoice Billing Address:		
Monthly Parking Fee \$					Transponder Fee/Replacement Fee \$					
Signature of HHSVA Parking Employee									Date	
Processed by HHSVA Finance									Date	