



DISABLED EMPLOYEE PARKING EXEMPTION PERMIT Application

APPLICANT INFORMATION

Name:

Address:

City:

Postal Code:

Phone No.:

Email:

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.

EMPLOYER INFORMATION

Business/Organization:

Address:

Name of Contact Person:

Phone No.:

APPLICATION REQUIREMENTS

Please include the following with your application:

Proof of Employment (business card, letter from employer)	ATTACHED (Mandatory)	<input type="checkbox"/> Yes
Proof of a valid SPARC BC placard for vehicles owned or operated by persons with disabilities or on their behalf	ATTACHED (Mandatory)	<input type="checkbox"/> Yes

PAID STAMP
MS - PRKHDCP

SIGNATURE

A vehicle displaying a valid Disabled Employee Parking Exemption Permit may park against any traffic control device regulating parking time limits provided that:

- (a) the vehicle displaying the disabled employee parking exemption permit is operated by or transporting a disabled person;
- (b) the vehicle does not park for more than 8 hours in a 24-hour period; and
- (c) the parking space is not designated by the City for disabled person's parking or short term 15-minute parking.

I, the undersigned, hereby apply for a Disabled Employee Parking Exemption Permit from the City of Duncan and agree to abide by the above listed conditions. I understand that the City of Duncan is not liable for any damages or losses to my vehicle or myself due to the issuance of this permit.

APPLICANT SIGNATURE

DATE

OFFICE USE ONLY

File No.: 5480-03

BYLAW ENFORCEMENT OFFICER SIGNATURE

DATE