

RESIDENTIAL PARKING PASS

Request

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APPLICANT INFORMATION:	
Name:	
Address of Property:	Postal Code:
Phone No.:	Email:
used for the purpose of processing this application. Your perso	rsuant to Section 26 of the <i>Freedom of Information and Protection of Privacy Act</i> and will only be onal information will not be released except in accordance with the <i>Freedom of Information and</i> our personal information may be referred to the Corporate Services Coordinator by email:
VEHICLE INFORMATION:	
Please note, Residential Parking Pas	sses are vehicle specific and NOT interchangeable between vehicles.
Name of registered owner:	Licence Plate #:
Make: Mode	el: Colour:
On which specific block are you looking to park? (i.e. 100 block of First Street):
REASON FOR REQUEST:	
Number of Vehicles in Residence:	
Reason for Request (e.g. No Driveway/No Parking	g on Property):
Signature	Date
OFFICE USE ONLY	
Approved Pass No.:	Denied
Reason for Decision:	
Reason for Decision:	RECE
Reason for Decision:	RECEIVE
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Reason for Decision:	RECEIVED STAMP
Reason for Decision: Bylaw Enforcement Supervisor Signature	Date