



# Whistler Visitor Parking Permit Application Form

RESORT MUNICIPALITY OF WHISTLER

4325 Blackcomb Way, Whistler, BC V8E 0X5

TEL (604) 935-8153 FAX (604) 935-8109 <http://www.whistler.ca>

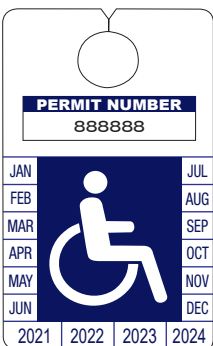
User No.(RMOW)

Permit No.

Receipt No.

Date

Office Use Only



## 1. APPLICATION INFORMATION

APPLICANT'S FIRST NAME(S)		MIDDLE NAME(S)	FAMILY OR LAST NAME	
MAILING ADDRESS				
CITY	PROVINCE	COUNTRY	POSTAL CODE	TELEPHONE NUMBER
<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> OTHER		DATE OF BIRTH (YY/MM/DD)	EMAIL ADDRESS	

## 2. VACATION CONTACT INFORMATION

ADDRESS	
TEL #	CELL #

## 3. PROOF OF DISABILITY

Do you have a current parking permit? ☐ YES ☐ NO

If yes, permit # \_\_\_\_\_ Place of issue \_\_\_\_\_

If no, reason for applying: \_\_\_\_\_

ELIGIBILITY (Please check one)

☐ Applicant has a disability that affects mobility and the ability to walk specifically

☐ Applicant can NOT walk 100 meters without risk to health

☐ Applicant requires the use of a mobility aid such as a wheelchair in order to travel any distance

☐ Other (please explain) \_\_\_\_\_

PERMIT TO BE ISSUED AT ISSUING OFFICE'S DISCRETION, IF NO PROOF IS AVAILABLE.  
A DOCTOR'S NOTE OR EQUIVALENT DOCUMENTATION IS REQUIRED FOR ANY PERSON WITH A NON-VISIBLE DISABILITY THAT AFFECTS THEIR ABILITY TO WALK 100 METERS

## SIGNATURE

**I HAVE READ AND UNDERSTOOD THE CONDITIONS OF MY PARKING PERMIT**

SIGNATURE OR MARK (X) OF APPLICANT OR LEGAL GUARDIAN

X

DATE \_\_\_\_\_

Permit

Issued by:

Resort

Municipality  
of Whistler

Please

turn over

for payment

& donation

information

# Important Information about Your Permit

- Only one permit per applicant will be issued for a maximum of 12 months
- By submission of this signed form, I agree to be responsible for the appropriate use of the permit, and I understand it is for my use only
- Furthermore, I understand that information collected by RCD, may be used by RCD or an enforcement officer to fulfill any legal obligations. **Otherwise all personal information will remain strictly confidential**

## WARNING

- Due to the excessive abuse of the accessible parking permits, it has become necessary to implement more stringent measures when issuing the permits.
- Please be advised that the permit is for your sole use only. THIS IS NOT A PERMIT FOR EVERY FAMILY MEMBER TO USE OR ABUSE.
- Also note, that when you use your permit, you need to have ID on your person, so that any enforcement officer may confirm the details on your permit are indeed the same as your ID.
- If we receive any complaints about the misuse or abuse of your parking permit, it could result in the permit being cancelled, and also jeopardise any future Parking Permits being issued.
- At the same time, if you witness any misuse or abuse of a parking permit, please make a note of the permit number, and contact our office with details of the incident, so that we may take further action.

## 5. PAYMENT INFORMATION & DONATION OPPORTUNITY

ITEMS	PAYMENT
1. Permit Fee of \$ _____ enclosed	= \$31.00
2. I would like to donate \$ _____ to Richmond Centre for Disability. Any donations are gratefully received by the RCD, and contribute significantly towards providing services, skills and information to persons with disabilities, thus enabling them to lead more independent lives. We thank you for any donation you may contribute. <input type="checkbox"/> I request a Tax receipt for my donation (Tax receipts only issued for amounts over \$20) (Charity registration number# 88832 8432 RR0001)	= \$ _____
3. Method of Payment (Please make cheque payable to RESORT MUNICIPALITY OF WHISTLER) <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Debit  Card Number _____  <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard                      Expiry date: _____ / _____  Signature _____	Total:  = \$ _____

## 4. FOR OFFICE USE ONLY

APPROVED BY	POSITION	TEL #
NOTE:		
Visitor Permit will expire on: _____ 20_____ ( Maximum 12 months )		

