

SIGNATURE

I HAVE READ AND UNDERSTOOD THE CONDITIONS OF MY PARKING PERMIT

SIGNATURE OR MARK (X) OF APPLICANT OR LEGAL GUARDIAN

X

DATE _____

Important Information about Your Permit

- Only one permit per applicant will be issued for a maximum of 3 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. <i>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.</i> <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 3 months)		