



Municipal Parking Permit Application

Type of permit: On-Street Municipal Lot

Date of Application: _____
Name of Applicant: _____
Address: _____
Telephone Number: _____

Vehicle Plate # _____
Duration of Permit: <input type="checkbox"/> \$11.30/Week <input type="checkbox"/> \$39.55/Month
Proposed On-Street Parking Location: _____

__ I have read, fully understand and agree to comply with all rules and regulations of the Municipal Parking Permit.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Permit: Approved Denied

Fee Paid: \$ _____ Permit Number: _____

Date: _____ Signature: _____

In accordance with the provisions of the Municipal Freedom of Information Act, 1989 (sections 28 and 29), we are requesting this information for the purpose of making a determination on the application and maintaining a business record upon acceptance.

Our authority for the collection of this information is the Municipal Act. Any questions should be directed to the Municipal Law Enforcement Manager, 2611 Trulls Road, Courtice, ON L1E 2N3
Phone: 905-623-3379 ext. 2110