

**THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE
ELECTRONIC PARKING APPLICATION & CHANGE FORM**

First Name	License Plate Number 1
Last Name	License Plate Number 2

<input type="checkbox"/> Employee #	EMPLOYEE Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time
Department:	Position:

<input type="checkbox"/> Medical Staff <input type="checkbox"/> Board <input type="checkbox"/> Non Hospital Employee - Specify:
Address
City Postal Code
Telephone

I hereby request the following parking access and payment option subject to the terms & conditions outlined below:

- The approved hospital rate for unlimited parking access in a designated parking lot
- The approved hospital rate for limited access up to 12 entries per month in a designated parking lot

DATE	Specify month and year
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Terms and Conditions:

- ∪ parking access is for the exclusive use of the designated individual and not to be shared with family or friends, to do so would be considered a breach of security to which employee/individual has been entrusted
- ∪ full-time and regular scheduled part-time employees agree to monthly payroll deductions of two equal installments/ first two pay periods of each month
- ∪ physicians will have an option of quarterly invoicing thereby paying three months in advance per invoice
- ∪ all others will have to pay in person at the cashier's office, in advance of receiving monthly parking access
- ∪ a minimum one week's notice is required for cancellations and must be received by the security office at least one week prior to the start of the canceled month.
- ∪ unused access times cannot be carried forward to the next month
- ∪ rates are applicable to full months only and will not be prorated
- ∪ the hospital will provide a minimum 30 day notice of any future parking rate increases allowing sufficient time for cancellation as per policy
- ∪ failure to comply with parking policy, terms and conditions will result in loss of parking privileges
- ∪ handicap parking will be permitted by appropriate permit only
- ∪ parking tickets will not be voided for any reason
- ∪ Thunder Bay Regional Health Sciences Centre is not responsible for any damages incurred to vehicles while parked on Hospital property

To be completed by Security: Handicap space req'd Yes No Capacity available Yes No

<input type="checkbox"/> Assigned Parking Lot(s)		<input type="checkbox"/> cc to Applicant
<input type="checkbox"/> Received at Security (dd/mm/yy)		

Processed by Security

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