

**THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE
ELECTRONIC PARKING CANCELLATION APPLICATION**

First Name
Last Name

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

I hereby cancel my current parking access effective the first of the month specified:

DATE	Specify month and year
------	------------------------

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

RETURN COMPLETED APPLICATION FORM TO SECURITY OFFICE

To be completed by Security:

Processed by Security

ENV-39

Electronic Distribution to: gallantk@tbh.net & townk@tbh.net