

RETURN TO:

 Capilano University, Contract Services & Capital Planning
 2055 Purcell Way, N. Vancouver, BC, V7J 3H5
 FAX: 604-990-7887 Attention: Karen LeQuyere

REQUEST FOR PARKING PERMIT DECAL/TAG FOR PERSONS WITH A DISABILITY
TO BE COMPLETED BY APPLICANT

Name: _____	Staff <input type="checkbox"/>	Faculty <input type="checkbox"/>	Student <input type="checkbox"/>
Address: _____			
_____	Postal Code	_____	
Work Phone _____	Home Phone:	_____	
<ul style="list-style-type: none"> I acknowledge by my signature below that I agree to the following Terms of Use in conjunction with a Parking Permit Decal/Tag for Parking for Persons with a Disability. Parking Permit Decal/Tag for Persons with a Disability is for my exclusive use and is subject to any restriction that may be placed upon it. Payment of current parking fees is required for all parking areas on campus. Vehicles not clearly displaying a valid permit and payment of parking will be ticketed and towed. Requests for extension should be made at the issuing office at least 5 working days before expiry date to ensure continued use of permit decal/tag. Requests for extension may require another Physician authorization. The permit decal/tag must be surrendered to the issuing office, when no longer needed, or upon leaving the University. The Parking Permit Decal/Tag For Persons With a Disability is only valid on Capilano University Property 			
_____ Signature of Applicant	_____ Date Signed		

TO BE COMPLETED BY PHYSICIAN

Due to a medical condition my patient requires access to parking for persons with a disability at Capilano University for the following period:	
Duration: _____	_____
Start Date	End Date
_____	_____
Name of Physician (please print)	Signature and Physician Number
_____	_____
Address	Date of Authorization
_____	_____

FOR OFFICE USE ONLY

Approved by:	
Disability Support Services <input type="checkbox"/>	_____
	Issued by _____ Date Issued _____
OR	
Contract Services Dept. <input type="checkbox"/>	_____
	Issued by _____ Date Issued _____
Physician Authorization Waived (reason): _____	
Permit Number Issued: _____	Expiry Date of Permit: _____