



RETURN TO:

Capilano University, Contract Services & Capital Planning
2055 Purcell Way, North Vancouver, BC, V7J 3H5
FAX: 604-990-7887

REQUEST FOR PARKING PERMIT DECAL/TAG FOR PERSONS WITH A DISABILITY

TO BE COMPLETED BY APPLICANT

Name: _____ Staff Faculty Student

Address: _____

Postal Code _____

Work Phone _____ Home Phone: _____

- I acknowledge by my signature below that I agree to the following Terms of Use in conjunction with the Temporary Parking Permit.
- The Temporary Parking Permit 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 temporary permit plus valid proof of payment of parking will be ticketed and towed.
- Temporary Permits are valid for a maximum period of 4 weeks.
- If the mobility impairment is expected to continue beyond 4 weeks; application to SPARC BC for a temporary or permanent permit is recommended.
- The permit must be surrendered to the issuing office, when no longer needed, or upon leaving the University.
- The Temporary Parking Permit 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:

Accessibility Services _____
Issued by _____ Date Issued _____

OR

Contract Services Dept. _____
Issued by _____ Date Issued _____

Physician Authorization Waived (reason): _____

Permit Number Issued: _____ Expiry Date of Permit: _____