

Whistler Temporary Parking Permit Application Form

RESORT MUNICIPALITY OF WHISTLER

4325 Blackcomb Way, Whistler, BC V8E 0X5 TEL (604) 935-8153 $\,$ FAX (604) 935-8109 $\,$ http://www.whistler.ca

User No.(RMOW)	
Permit No.	
Receipt No.	
Date	

Office Use Only



1. APPLICATION INFORMATION

APPLICANT'S	FIRST NAME(S)	MIDDLE NAME(S)		FAMILY OR LAST NAME
MAILING ADD	RESS			
CITY	PROVINCE	COUNTRY	POSTAL COD	DE TELEPHONE NUMBER
FEMALE	MALE OTHER	DATE OF BIRTH	(YY/MM/DD)	EMAIL ADDRESS

Permit
Issued by:
Resort
Municipality
of Whistler

2. VACATION CONTACT INFORMATION

ADDRESS	
TEL#	CELL#

3. PROOF OF DISABILITY

Do you have a current parking permit? YES NO			
If yes, permit # Place of issue			
If no, reason for applying:			
ELIGIBILITY (Please check one) Applicant has a disability that affects mobility and the ability to walk specifically Applicant can NOT walk 100 meters without risk to health Applicant requires the use of a mobility aid such as a wheelchair in order to travel any distance			
Other (please explain) PERMIT TO BE ISSUED AT ISSUING OFFICE'S DISCRETION, IF NO PROOF IS AVAILABLE. A DOCTOR'S NOTE OR EQUIVALENT DOCUMENTATION IS REQUIRED FOR ANY PERSON WITH A NON-VISIBLE DISABILITY THAT AFFECTS THEIR ABILITY TO WALK 100 METERS			

Please turn over for payment & donation information

SIGNATURE

I HAVE READ AND UNDERSTOOD THE CONDITIONS OF MY PARKING PERMIT SIGNATURE OR MARK (X) OF APPLICANT OR LEGAL GUARDIAN

V	
^	DATE

Important Information about Your Permit

- Only one permit per applicant will be issued for a maximum of 3 months
- By submission of this signed form, I agree to be responsible for the appropriate use of the permit, and I understand it is for my use only
- Furthermore, I understand that information collected by RCD, may be used by RCD or an enforcement officer to fulfill any legal obligations. **Otherwise all personal information will remain strictly confidential**

WARNING

- Due to the excessive abuse of the accessible parking permits, it has become necessary to implement more stringent measures when issuing the permits.
- Please be advised that the permit is for your sole use only. THIS IS NOT A PERMIT FOR EVERY FAMILY MEMBER TO USE OR ABUSE.
- Also note, that when you use your permit, you need to have ID on your person, so that any enforcement officer may confirm the details on your permit are indeed the same as your ID.
- If we receive any complaints about the misuse or abuse of your parking permit, it could result in the permit being cancelled, and also jeopardise any future Parking Permits being issued.
- At the same time, if you witness any misuse or abuse of a parking permit, please make a note of the permit number, and contact our office with details of the incident, so that we may take further action.

5. PAYMENT INFORMATION & DONATION OPPORTUNITY

ITEMS		PAYMENT			
1. Permit Fee of \$	enclosed	= \$31.00			
services, skills and information to persons wi independent lives. We thank you for any don	RCD, and contribute significantly towards providing the disabilities, thus enabling them to lead more ation you may contribute. Tax receipts only issued for amounts over \$20)	= \$			
3. Method of Payment (Please make cheque payable to RESORT Cheque Money Order Cash Card Number	☐ Visa ☐ Mastercard ☐ Debit	Total:			
☐ Visa ☐ Mastercard Expir	y date:/				
4. FOR OFFICE USE ONLY					
APPROVED BY	POSITION	TEL#			
NOTE:					
Visitor Permit will expire on:	20(Ma	ximum 3 months)			

