PARKING APPLICATION FORM

Please complete this form and either drop off at University Reception located on the main floor of the Grant Building or fax to 250-391-2500 or email: rru-parking-inquiries@royalroads.ca

OFFFICE USE ONLY		
Violation Owing:	$	Permit Issued:
Permit:	$	Expiry Date:
Total Owing	$	Effective Date:

Name of Applicant: _____

Mailing Address: _____

Daytime Phone: (____)_____Evening Phone: (____)_____Email:_____

Affiliation: (check appropriate box):

☐ **Guest** ☐ **Staff/Faculty #**_____ ☐ **Student #**_____**Program:** _____

Start Date of Permit: _____ **End Date of Permit:** _____

Type of Permit: (check appropriate box):

☐ Yearly ($115) ☐ Yearly Disabled ($55) ☐ Yearly Hybrid/Smart Car ($80)
☐ Monthly ($35) ☐ Three Weeks ($30) ☐ Two Weeks ($25) ☐ Weekly ($15)

MANDATORY Vehicle Information: **PRIMARY VEHICLE**

MAKE:	**MODEL:**	**COLOUR:**	**YEAR:**
VEHICLE LIC #:		**PROVINCE/STATE:**	
REGISTERED OWNER:			

SECONDARY VEHICLE:

MAKE:	**MODEL:**	**COLOUR:**	**YEAR:**
VEHICLE LIC #:		**PROVINCE/STATE:**	
REGISTERED OWNER:			

DECLARATION: I, the undersigned, acknowledge that:

- The information provided in the application is correct, and I will notify University Reception of any changes to vehicle information;
- The permit issued to me is the property of Royal Roads University, is non-transferable, and is for my use only;
- I agree to comply with Royal Roads University Traffic and Parking Policy Regulations;
- I am responsible for properly displaying and transferring the permit between primary and secondary vehicles and understand that failure to do so may result in a parking violation.
- If for any reason a permit has been forgotten, a spitter ticket or day pass must be purchased.
- Any outstanding violation tickets must be paid prior to the issuance of a new permit.

Signature: _____ Date: _____

Do Not Complete if Paying in Person:

I am providing my credit card information for payment of my parking permit, which I understand will be available for pick up at the program registration table upon arrival at RRU.

☐ Visa ☐ MasterCard ☐ Amex

Card #: _____ Expiry Date: _____

Name of Cardholder::_____ Signature of Cardholder: _____