

**UNIVERSITY OF TORONTO MISSISSAUGA
PARKING & TRANSPORTATION SERVICES**

TEMPORARY ACCESSIBLE / ACCOMMODATION PARKING APPLICATION FORM

In order to allow UTM to better evaluate your parking accommodation request, we ask that you fill in the following information completely. Please take the completed form to the *AccessAbility* Resource Centre if you are a student or to Health and Well Being, St. George if you are Staff or Faculty.

After signed authorization by either the *AccessAbility* Resource Centre or Health and Well Being, please return this form to the Parking & Transportation Office (AH 108), in order to obtain your permit. All permits will expire on the date indicated on the permit.

LAST NAME: _____

FIRST NAME: _____

PERSONNEL NUMBER or STUDENT NUMBER: _____

HOME ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____

EMPLOYEE DEPARTMENT/DIVISION: _____

UTM LOCAL PHONE (IF APPLICABLE): _____

YOUR CAR'S LICENSE PLATE, MAKE, MODEL, AND COLOR:

CAR #1: _____

CAR #2: _____

CAR #3: _____

By signing below, I indicate that I agree to the terms of this accommodation request, and that this request will be reviewed as required. I further verify that each of the above vehicles listed belong to myself or to a person living at my home address, and that I agree to provide vehicle ownership information to Parking & Transportation Services upon request for verification purposes.

YOUR SIGNATURE: _____

FOR OFFICE USE ONLY:			
Duration of requirement:		Start Date:	_____
		End Date:	_____
Lot requested:	Lot P1	Lot P5	CCT
Authorization Signature:	_____		
Permit Issued:	_____		