

## **Permit Parking**

First Name			Last Name					Plate Number	
Street Number	Street Nam	ne	Suit			Suite/l	te/Unit Number		
City			Province			Postal Code			
Telephone Number (Home) Telephone (Business)			umber Mobile Number		umber		Email		
Permit Term Dec 1 – May 31 Coptions: Jun 1 – Nov 30				Are you a previous permit holder?			holder?	Yes  No	
	If applyir		contact the Permit fee b				-392-7873	}	
Priority Inform	mation								
Is there parking on the property?								☐ Yes ☐ No	
If Yes, do you have access to that parking?								☐ Yes ☐ No	
Is this the first vehicle for which you have obtained a permit?								☐ Yes ☐ No	
Additional Inf	ormation	that may affe	ect your permit pr	iority:					
Signature						Date (	yyyy-mm-	dd)	
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Schedule A, s.136(c), and the City of Toronto Municipal code Chapter 925, Permit Parking. It will be used for administrative purposes in connection with your application and enforcement purposes of Municipal Code Chapter 925.

Your name, the address of the proposed parking and number of vehicles to be parked will be treated as public information and may be included in reports to Community Council.

Any questions about the collection or use of this information can be addressed to the Supervisor Right of Way Management, 100 Queen Street West, City Hall, Main Floor, West Tower, Toronto, ON M5H 2N2.

This application must be accompanied by your payment and the appropriate documentation as outlined on our website at www.toronto.ca/transportation

