

**PERMIT HOLDER INFORMATION
(PROTECTION SERVICES)**

PERMIT HOLDER – PLEASE PRINT	
<p style="text-align: center;">EMPLOYEE INFORMATION</p> <p>Surname: _____</p> <p>Given Name(s): _____</p> <p>Department: _____</p> <p>Title: _____</p> <p>Home Phone #: _____</p> <p>Work Phone #: _____</p> <p>Employee #: _____</p>	<p style="text-align: center;"> <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> SUV <input type="checkbox"/> Motorcycle </p> <p style="text-align: center;">VEHICLE INFORMATION</p> <p>Plate # 1: _____</p> <p>Make: _____ Model: _____</p> <p>Plate # 2: _____</p> <p>Make: _____ Model: _____</p> <p>Plate # 3: _____</p> <p>Make: _____ Model: _____</p> <p style="text-align: center;">METHOD OF PAYMENT</p> <p><input type="checkbox"/> Bi-Weekly Payroll Deductions</p> <p><input type="checkbox"/> Cashiers Office</p> <p><small>**If you are not on Providence Care Payroll please visit the Cashiers Office to provide payment. Payment options (credit card, cheque, debit, cash)</small></p>
<p>I hereby agree to comply with the parking policy and regulations of Providence Care Hospital. I expressly agree to be responsible for the payment of such fees/fines for any vehicle parked on Providence Care property. Providence Care Hospital operates on the assumption that the signee is the driver of the vehicle(s).</p> <p>APPLICANTS SIGNATURE: _____ DATE: _____</p>	
OFFICE USE ONLY – DO NOT WRITE IN SHADED AREAS	
<p style="text-align: center;">PERMIT INFORMATION</p> <p>ID/Access Card#: _____</p> <p>Date Activated: _____</p> <p>Authority: _____</p>	<p style="text-align: center;">CANCELLATIONS/REFUNDS</p> <p><input type="checkbox"/> Permit cancelled at holders request</p> <p><input type="checkbox"/> Permit cancelled by Protection Services</p> <p>Refund amount: \$ _____ Date: _____</p> <p>Authority: _____</p>
<p style="text-align: center;"><input type="checkbox"/> Forwarded to payroll</p> <p style="text-align: right;">Date: _____</p>	