



FACULTY/STAFF PARKING PERMIT CANCELLATION FORM

The parking cancellation form and access card (if applicable) must be **RECEIVED** by Transportation Services **NO LATER THAN 5:00PM (4:30pm during summer hours) on or before the last business day of the month. Otherwise, further permit charges will apply.**

Note that permits cannot be cancelled for a period of less than two months. Please note that persons re-applying for a permit after cancellation are not guaranteed availability in their desired area.

Last Name: _____ First Name: _____ Personnel #: _____

University Address: _____ University Phone #: _____

TYPE OF PERMIT: ☐ Reserved ☐ Lot Reserved ☐ Unreserved ☐ Other: _____

PERMIT NUMBER: _____

METHOD OF PAYMENT:

- ☐ Monthly Payroll Deduction ☐ Visa/ MasterCard/ Amex
☐ Fortnightly Payroll Deduction ☐ Department Debit Memo
☐ Other (please state): _____

Signature

Date

- OFFICE USE:** ☐ Payroll deductions will be stopped for the month of _____.
☐ Post-dated cheques were returned on _____.
☐ A credit of \$ _____ was issued to the client. Credit card slip#/chq# _____.
☐ Debit Memo refund: PAR# _____.

Transportation Representative

Transaction Date