

Tape/Attach returned barcode permit here:



Vehicle Parking Permit Cancellation Form

Please indicate if you are cancelling Tenant or Non-Tenant Parking? TENANT NON-TENANT (NTP cancellation requires 30 days notice)

Section A - Client & Cancelling Vehicle Information (to be completed by client)

First name:		Last name:	
Suite/Unit#:	Street Address:	Telephone #:	
Vehicle Plate #:	Vehicle Make:	Vehicle Model:	Vehicle Colour:

Section B - Cancelling Vehicle Parking & Permit Information (staff MUST complete ALL information below)

Client Account #:	Barcode Permit # to be cancelled:	Operating Unit:
Parking Lot Address: (mandatory)	Parking Lot Type: (check applicable) SURFACE <input type="checkbox"/> UNDERGROUND <input type="checkbox"/>	Parking Spot #: (where applicable)
Cancellation Effective Date (MM/DD/YYYY): (Must be last day of the month)		
Reason for Cancellation: No longer needs parking <input type="checkbox"/> Change of Vehicle <input type="checkbox"/> Lost Barcode <input type="checkbox"/> Move-out/Transfer <input type="checkbox"/>		
Is Barcode Permit returned? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, tape/attach returned barcode in box above.		
If NO, has Tenant Charge been applied? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, <u>please explain below and attach supporting documents.</u>		
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Parking Charge updated? YES <input type="checkbox"/> N/A (registered replacement vehicle) <input type="checkbox"/>	Parking Lot Spreadsheet Updated? YES <input type="checkbox"/>	Completed by: (staff's name)

Note:

Barcode Permit(s), fobs or keys or pass cards must be returned by the last day of the month.

You will be charged a penalty fee, set by Toronto Community Housing, for each barcode permit(s) if you do not return it within 5 days after the end of the month of cancellation, move-out or transfer.

Vehicle(s) bearing cancelled or unauthorized permit(s) will be subject to ticketing and/or towing at the owner's expense.

Client's Signature _____

Date _____

Staff's Signature _____

Date _____