

YORK UNIVERSITY CONTINUOUS PARKING PERMIT APPLICATION KEELE & GLENDON CAMPUS

Instructions

ALL CONTINUOUS PERMIT APPLICANTS MUST COMPLETE THIS APPLICATION FORM, AND PROVIDE A VALID OWNERSHIP FOR ALL VEHICLES REGISTERED.

Choose and indicate Permit type & location – see rate chart for options.

Car Pool (Diamond Pool) parking is available. Please refer to our website for details.

Mail/Fax Instructions – Please send your completed application with a photocopy of the vehicle ownership(s) via email to parking@yorku.ca / glendonparking@yorku.ca, or by mail /fax to:

KEELE CAMPUS PERMITS-MAIL TO:
York University Parking & Transportation Services
Suite 222, William Small Centre, 155 Campus Walk
4700 Keele Street, Toronto, ON M3J 1P3
Phone(416)736-5335 Fax(416)736-5874

GLENDON CAMPUS PERMITS-MAIL TO:
York University Parking & Transportation Services
Glendon College, Greenhouse
2275 Bayview Avenue, Toronto, ON M4N 3M6
Phone(416)487-6788 Fax(416)487-6806

Any questions should be directed to Parking & Transportation Services or visit our website at yorku.ca/parking

Terms and Conditions

In applying for the Parking Permit indicated on this application, I hereby agree to assume all responsibilities for the vehicle(s) registered herein, to adhere to the York University Parking and Traffic Regulations as amended from time to time, and to accept all the conditions contained therein. I acknowledge having received a copy of these regulations. I further certify that I am in possession of a valid driver's license and that the vehicle(s) registered for parking are properly licensed and insured.

All outstanding fees and notices must be paid in full prior to a Parking Permit being issued. Parking & Transportation Services reserves the right to apply unused permit fees against any outstanding fees and notices.

If you wish to cancel your parking permit, an email request must be sent to kpermref@yorku.ca for Keele Campus or gpermref@yorku.ca for Glendon Campus, by the **third business day** of the current month in order to avoid being charged for that month.

York University assumes no responsibility for any damage or loss to a motor vehicle or its contents, no matter how caused, while it is on University property.

Parking Permit Description & Rate Chart

USE A CAMPUS MAP TO ASSIST YOU WHEN CHOOSING YOUR LOT
ALL PRICES ARE SUBJECT TO APPLICABLE H.S.T. AT TIME OF PURCHASE

PERMIT TYPE	MONTHLY	KEELE CAMPUS - Lot/Garage Names & Details
Outer Reserved	\$104.00	Valid in a specified Outer Reserved Lot ONLY; York Boulevard-Lot 70, Chimneystack Road-Lot 97, Albany Road-Lot 67, Founders Road East-Lot 66, Founders Road West-Lot 65, Shoreham Drive-Lot 63, Passy Crescent-Lot 91, Pond Road-Lot 86, Haynes Avenue-Lot 88, Physical Resources East-Lot 68, Northwest Gate-Lot 64, Physical Resources North-Lot 85 & Kinsmen-Lot 87, determined at purchase, 24 hours daily
Reserved	\$116.00	Valid in a specified Reserved Lot ONLY; Lumbers-Lot 74, Nelson Road-Lot 82, or West Office Building (WOB)-Lot 78, determined at purchase, 24 hours daily
Premium Reserved	\$ 129.00	Valid in designated Reserved Day & Night spaces, 24 hours daily. Issued upon approval
Parking Garage	\$ 128.00	Valid in a specified Parking Garage ONLY; York Lanes-Lot 72, Arboretum Lane-Lot 80 or Student Services-Lot 84, determined at purchase, 24 hours daily
Premium Parking Garage	\$ 141.00	Valid in designated Reserved Day & Night Spaces within a garage, 24 hours daily. Issued upon approval
Evening Staff	\$ 104.00	Valid in a specified Reserved Lot (see Reserved Lots above), determined at purchase from 2:30pm to 7:30am and 24 hours daily on weekends

PERMIT TYPE	MONTHLY	GLENDON CAMPUS - Lot Names & Details
Lower Lot	\$81.00	Valid in Lower Lots; F-Lot 2 and G-Lot 1, 24 hours daily
Upper Lot	\$116.00	Upper Lots; A-Lot 4, B-Lot 5 and C-Lot 15, 24 hours daily
Premium Reserved	\$ 129.00	Valid in designated Reserved Day & Night spaces, 24 hours daily. Issued upon approval

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KEELE & GLENDON CAMPUS

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE - FILL OUT APPLICATION COMPLETELY TO AVOID DELAYS

DRIVER INFORMATION & ADDRESS

LAST NAME	FIRST NAME	INITIAL

EMPLOYEE NUMBER

☐ STAFF ☐ FACULTY YORK EMAIL _____

PERMANENT ADDRESS

APT No.	STREET No. & NAME

CITY	PROV	POSTAL CODE

PHONE No
()

CAMPUS ADDRESS

DEPARTMENT

ROOM No & BLDG

CAMPUS PHONE No	EXT
()	X

Vehicle License Plate & Information

VEHICLE 1

VEHICLE 1

LICENSE PLATE No.	PROV	MAKE	MODEL	STYLE	COLOUR	YEAR

VEHICLE 2

VEHICLE 2

LICENSE PLATE No.	PROV	MAKE	MODEL	STYLE	COLOUR	YEAR

VEHICLE 3

VEHICLE 3

LICENSE PLATE No.	PROV	MAKE	MODEL	STYLE	COLOUR	YEAR

Payroll Deduction Authorization

☐ **KEELE CAMPUS** ☐ **GLENDON CAMPUS** ☐ **GARAGE** ☐ **RESERVED** ☐ **OUTER RESERVED** ☐ **UPPER LOT** ☐ **LOWER LOT**

LOT/GARAGE NAME

I HEREBY AUTHORIZE THE PAYROLL DEPARTMENT AT YORK UNIVERSITY TO MAKE THE FOLLOWING MONTHLY PAYROLL DEDUCTION, STARTING ON

_____, 1st, _____
(Month) (Year)

CHECK PERMIT TYPE and MONTHLY FEE. **ALL MONTHLY FEES ARE SUBJECT TO APPLICABLE TAXES.** (PRICES SUBJECT TO CHANGE WITH NOTICE)

KEELE

PKYPRK	<input type="checkbox"/> PARKING GARAGE	\$ 128.00
PKYRES	<input type="checkbox"/> RESERVED	\$ 116.00
PKYOUT	<input type="checkbox"/> OUTER RESERVED	\$ 104.00
PKYCAR	<input type="checkbox"/> EVENING STAFF	\$ 104.00
PKYREP	<input type="checkbox"/> PREMIUM RESERVED	\$ 129.00
PKYPPK	<input type="checkbox"/> PREMIUM PARKING GARAGE	\$ 141.00

GLENDON

PKGRES	<input type="checkbox"/> UPPER LOT	\$ 116.00
PKGUNR	<input type="checkbox"/> LOWER LOT	\$ 81.00
PKGREP	<input type="checkbox"/> PREMIUM RESERVED	\$ 129.00

PAYROLL, LOGALE

PRIVACY

Privacy: Personal information in connection with this form is collected under the authority of The York University Act, 1965 and will be used for the administration of parking services and other related or consistent purposes. The Personal Information we collect from you may also be processed, accessed, or stored in countries outside Canada. Such countries may offer a different level of protection of personal information. If you have any questions about the collection, use or disclosure of personal information by York University, please contact: Manager, Administration - Parking & Transportation Services, Room 222 William Small Centre, (416) 736-5335.

I have read, understood and agree to the above and the terms and conditions stated on the reverse side of this application.
I accept full responsibility for ALL fees and notices issued by the University with respect to the registered vehicle(s) and/or permit(s).

DATE
M M D D Y Y

APPLICANT'S SIGNATURE _____
MUST BE SIGNED BY APPLICANT TO BE ACCEPTED

FOR OFFICE USE ONLY

PERMIT No: _____

NOTES: