

2024/2025 YORK UNIVERSITY PARKING PERMIT APPLICATION

Instructions

All applicants must complete this form to purchase a 2024/2025 sessional parking permit. Please ensure all licence plate information is accurately recorded. Errors may result in a City of Toronto parking violation.

Choose and indicate Permit type, location & duration – see rate chart for options and Lot/ Garage names.

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

Mail/Fax Instructions – Please send your completed application and payment 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

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. All persons using University parking facilities are subject to the parameters set out in the applicable University Policies and Procedures and the Student Code of Conduct. 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 parking fees and notices must be paid in full prior to a Parking Permit being issued.

All requests for permit refunds, should be made directly to Parking & Transportation Services. A \$15.00 administrative fee will be applied to all permit refunds. To obtain a refund for pre-paid, unused parking fees, an email 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. To avoid delays in processing time, please include your full name, York ID number, current phone number and reason for the refund. Parking Services will contact you to finalize the refund.

FINAL REFUND REQUEST DATES: Refund requests received after **November 15** (Fall Term) and **March 21** (Winter/Yearly Term) will not qualify and no refund will be issued - NO EXCEPTIONS. Certain conditions apply to all refunds. **Parking permits will be cancelled and deemed invalid effective immediately, upon the date the refund request is received by Parking Services.**

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.

Questions? Visit our website at www.yorku.ca/parking

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	4 MONTHS MAY 1-AUG 31/24 OR SEPT 1-DEC 31/24 OR JAN 1-APR 30/25	8 MONTH MAY 1-DEC 31/24 OR SEPT 1/24-APR 30/25	12 MONTH MAY 1/24-APR 30/25	SUMMER MONTHLY Per Month	KEELE CAMPUS - Lot/Garage Names & Details
Outer Reserved	\$416.00	\$832.00	\$1,248.00	\$104.00	Valid in a specified Outer Reserved Lot ONLY; York Boulevard-Lot 70, Chimneystack Road-Lot 97, Albany Road-Lot 67, Shoreham Drive Lot-63, Founders Road East-Lot 66, Founders Road West-Lot 65, Northwest Gate-Lot 64*, Passy Crescent-Lot 91*, Haynes Ave-Lot 88, Pond Road-Lot 86, Kinsmen-Lot 87, Physical Resources East-Lot 68 or Physical Resources North-Lot 85 - determined at purchase, 24 hours daily *Restrictions apply. Please refer to the Parking Services website for details*
Reserved	\$464.00	\$928.00	\$1,392.00	\$116.00	Valid in a specified Reserved Lot ONLY; Lumbers-Lot 74, Nelson Road-Lot 82, West Office Building (WOB)-Lot 78, determined at purchase, 24 hours daily
Parking Garage	\$512.00	\$1,024.00	\$1,536.00	\$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

GLENDON CAMPUS -Lot Names & Details

Lower Lot	\$324.00	\$648.00	\$972.00	\$81.00	Valid in Lower Lots; F-Lot 2 and G-Lot 1, 24 hours daily
Upper Lot	\$464.00	\$928.00	\$1,392.00	\$116.00	Valid in Upper Lots; A-Lot 4, B-Lot 5 and C-Lot 15, 24 hours daily

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

DRIVER INFORMATION & ADDRESS

STUDENT NUMBER OR EMPLOYEE NUMBER										<input type="checkbox"/> STUDENT		<input type="checkbox"/> STAFF		<input type="checkbox"/> FACULTY		<input type="checkbox"/> EXTERNAL (Specify) _____			
LAST NAME					FIRST NAME					INITIAL									
YORK EMAIL _____										OTHER EMAIL _____									
PERMANENT ADDRESS										LOCAL		ADDRESS/CAMPUS			RESIDENCE/CAMPUS			DEPT	
APT No.		STREET No. & NAME								APT No.		STREET No. & NAME							
CITY										PROV		POSTAL CODE							
PHONE No										PHONE No		LOCAL/CAMPUS or ALTERNATE			EXT				

Vehicle License Plate Information

VEHICLE 1
VEHICLE 2
VEHICLE 3
VEHICLE 4

LICENSE PLATE No.	PROV	MAKE	MODEL	STYLE	COLOUR	YEAR
LICENSE PLATE No.	PROV	MAKE	MODEL	STYLE	COLOUR	YEAR
LICENSE PLATE No.	PROV	MAKE	MODEL	STYLE	COLOUR	YEAR
LICENSE PLATE No.	PROV	MAKE	MODEL	STYLE	COLOUR	YEAR

Select Permit Type, Location & Duration - See Reverse

TYPE, LOCALE, DURATION

<input type="checkbox"/> KEELE CAMPUS	<input type="checkbox"/> GLENDON CAMPUS	<input type="checkbox"/> GARAGE	<input type="checkbox"/> RESERVED/UPPER LOT	<input type="checkbox"/> LOWER LOT	<input type="checkbox"/> OUTER RESERVED
LOT/GARAGE NAME					
12 MONTHS	<input type="checkbox"/> MAY 1/24-APR 30/25	8 MONTHS	<input type="checkbox"/> MAY 1/24-DEC 31/24	<input type="checkbox"/> SEPT 1/24-APR 30/25	2024 SUMMER MONTHS (Check months required)
4 MONTHS	<input type="checkbox"/> MAY 1/24-AUG 31/24	<input type="checkbox"/> SEPT 1/24-DEC 31/24	<input type="checkbox"/> JAN 1/25-APR 30/25	<input type="checkbox"/> MAY	<input type="checkbox"/> JUNE <input type="checkbox"/> JULY <input type="checkbox"/> AUGUST

Payment Method

PAYMENT METHOD

<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> AMEX	CARDNUMBER	EXPIRY
			M M / Y Y	
CARDHOLDERS LAST NAME (PLEASE PRINT)			CARDHOLDERS FIRST NAME (PLEASE PRINT)	
			INITIAL	
SIGNATURE OF CARDHOLDER _____				

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: Director - 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
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 APPLICANT'S SIGNATURE _____
MUST BE SIGNED BY APPLICANT TO BE ACCEPTED

FOR OFFICE USE ONLY

PERMIT No:

NOTES: