

Physician Annual Parking Registration Agreement

Applicant - Complete this area. Please print clearly. It is the applicant's responsibility to update Parking Services with any changes to information below.

.ast Name			
irst Name	Middle initial		
Address			
		Province	Postal Code
mail			
Phone #			Vehicle Licence Plate #(s) Only one (1) permit is issued per applicant
Cell #			#1
Fax #			#2
☐ NRGH Ca	ıllback Parking Required (Nanaimo Only	<i>ı</i>)	#3
Responsibilities and Terms o	of Use		
NRGH Callback decals must be displ One NRGH Callback decal is issued p For violation inquires please contact How to exit from the program - the Cancel and Return Form.	t Robbins Parking Services Ltd at 1-866-382-4439. applicant must return the parking permit/decal/prox agree with the Responsibilities and Terms of	card to Island Health Parl of Use identified on t	king Services and complete and sign the
	Send completed application to appregional Parking Services : 1 Hospital Way, Vic Parking Services: P1022 1200 Dufferin Cresce Parking Services Office U	toria B.C. V8Z6R5 ent, Nanaimo BC V9S2	Phone 250-727-4050 Fax 250-727-4055 B7 Phone 250-740-2681 Fax 250-740-2682
Permit #	Permit Issue Date		Level 1 Level 2
Prox Card #	Prox Issue Date		Family Practice
Decal #	Decal Issue Date		Amount Receipt #
Decal #	Decal Issue Date		
Decal #	Decal Issue Date		.nq/ket #
Method of Payment	a	Cheque	
Method of Delivery M	ail 📗 p/u 📗 Internal Mail 📗 Co	ourier	Db Entry Date
☐ Otl	her		Initials