

Chestnut Residence Parking Application

1. Applicant Information

I am *(please choose)*

Chestnut resident student Room # _____

Group member Group Name _____

External, including non-Chestnut UofT community members

Business

Name*:			
Billing Address*			Postal Code*
City*		Province	
Business Address (if not the same as billing)			Postal Code
City		Province	
Phone #Home/Cell* ()		Business ()	ext.
Fax #		E-Mail*:	

**Mandatory information for your monthly invoices.*

2. Vehicle Information*

	First Car	Second Car
Make/ Model		
License Plate #		

**Please note that you can use your monthly parking card for one vehicle at a time.*

For "External" or "Business" customers only:

I request for a parking space Non-Reserved Reserved

For Office Use Only

Monthly Parking Rate: \$
Reserved Parking Spot # (If Applicable)
Parking Pass #
Date Pass Activated:

We cannot guarantee the availability of the non-reserved parking spaces at any given time.
Note: Monthly parking / reserved parking is not available for vehicles over 6 feet in height.

The application form is valid with a copy of your vehicle(s) ownership information only.