



PATHWAY NON-PROFIT COMMUNITY DEVELOPMENTS INC. OF PEEL
3023 Parkerhill Road, Box 100, Mississauga, Ont L5B 4B3 - Tel: 905.272.2285 | Fax: 905.272.1818
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Parking Registration/Change Form

Your Building: Date Submitted:

Residents Name: Suite Number:

Residents Address: Phone Number:

*Please Note: This form is to be completed by the Resident and returned to the office with copies of your car ownership and insurance.

Type of Change (To be completed by the Resident):

<input type="checkbox"/> Change of Vehicle (no charge to parking spot# or parking charges required) <input type="checkbox"/> Ownership and Insurance attached (or dropped off at office)
<input type="checkbox"/> Additional Vehicle – require new parking spot/increase in parking charges <input type="checkbox"/> Payment for 1st and last month rent attached (or dropped of at office - \$40/month underground parking only) <input type="checkbox"/> Ownership and Insurance attached (or dropped off at office)
<input type="checkbox"/> Cancel Parking Spot – (30 days notice to Pathway required from 1st month.) <input type="checkbox"/> Refund of Last Month Rent Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of L.M.R refund: \$ <input type="text"/>
<input type="checkbox"/> Additional Vehicle – require new parking spot/increase in parking charges <input type="checkbox"/> Ownership and Insurance attached (or dropped off at office) <input type="checkbox"/> Drivers licence

Make of vehicle: Year: Licence Plate: Color:

Vehicle registered to: Parking Spot # : Month of change:

Total Payment: \$ (*1st and last month rent required for each new parking spot, \$40.00/month – Underground only)

Condition of new parking spot (i.e. oil stains ect.):

Total number of parking spots after this charge:

Pathway Staff-Signature: _____ Date: