

## **Monthly Overnight Parking Permit**

Instructions:	
Complete all sections on this form, date and sign it and save a copy for your	
records. Incomplete and unsigned forms will not be processed.	
Drop off or email e-mail forms to: <a href="mailto:customerservice@eastgwillimbury.ca">customerservice@eastgwillimbury.ca</a> or l	by regular mail to:
By-law Department (Parking)	
19000 Leslie Street	
Sharon, ON LOG 1V0	
Name (first and last):	
Address:	
Phone #:	
Email:	
I would like to purchasemonthly permits @ \$100 each: \$	
Valid from the month of :toto	<del></del> -
Location of vehicle:	
o Ross Family Complex	
o Civic Centre	
<ul> <li>Holland Landing Community Centre</li> </ul>	
Vehicle Information:	
Make: Model:	
Color: Plate:	
We understand that requests to participate in the Municipal Lot Parking Pro	gram are on a first-
come, first-serve basis and that we may not be granted any permits or the n	umber that are
requested. Permit recipients are required to park in the designated parking	spots available and
are permitted to park between the hours of 5:00 p.m. and 7:00 a.m.	
	<del></del>
Date Signature	

Personal information contained on this form is collected pursuant to Municipal Freedom of Information and Protection of Privacy Act. This information is collected in conjunction with your request to issue a parking permit.

