

Please indicate the Complimentary Parking Meter Permit you are applying for:

Council Member MLA or MP EOCC Past Council Member Freeman

1. RESIDENT INFORMATION (Applicant must provide ID with proof of age)

Last Name: _____ First Name: _____

Address : _____

Telephone No.: _____ Email (optional) _____

2. VEHICLE DESCRIPTION (Applicant must provide proof of vehicle registration)

Licence Plate Number: _____

3. DECLARATION (Terms and conditions)

- That the "Complimentary Parking Meter Permit" shall be displayed in open view on the passenger side of the vehicles' windshield.
- That proof of registration and identification shall be produced by the occupant of the vehicle displaying a Complimentary Parking Meter Permit upon request of:
 - a Bylaw Services Officer
 - a Parking Meter Attendant
 - a Member of the Royal Canadian Mounted Police or
 - any person duly authorized to assist the above noted persons
- That as the holder of a "Complimentary Parking Meter Permit " I shall abide by the regulations set out in the "City of Cranbrook Streets, Traffic and Parking Bylaw No. 4044, 2021".
- That the Complimentary Parking Meter Permit may allow the use of a Metered Parking Space without charge for a period of time not exceeding one (1) hour, per location unless as stipulated in section 21.3(a) or 21.3(b) of the Streets, Traffic and Parking Bylaw No. 4044, 2021.
- That the "Complimentary Parking Meter Permit" is valid for two (2) years from the date of issue and the Complimentary Parking Meter Permit Expires: _____ unless:
 - the vehicle licence number is changed or the vehicle itself ceases to be registered to the person described in the application or on the permit
 - the permit is altered in any manner so as to mislead or is damaged so as to be illegible or is obscured from the interior of the vehicle so as to be illegible to an investigating officer.

Personal information contained on this form is collected under the *Local Government Act* and in accordance with the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of processing the application. For questions or additional information pertaining to your personal information, contact City Hall at 250.426.4211.

I agree to the terms above and hereby certify that the information provided is true and accurate.

Resident Signature: _____ Date Signed: _____

OFFICE USE

Date Received:	<input type="checkbox"/> Permit Issued with Expiry Indicated	Initials of Staff Issuing Permit:
<input type="checkbox"/> Proof of Age Presented	<input type="checkbox"/> Proof of Vehicle Registration Presented	

4320.85 Licences - Complimentary Parking Meter Permits (May 2021)