



Victoria Disability Resource Centre
Promoting a new perspective on disability

Victoria Disability Resource Centre
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PARKING PERMIT PROGRAM FOR ORGANIZATIONS APPLICATION FORM

To be completed by the Director of the Organization (please print)

NAME OF ORGANIZATION	
ADDRESS	POSTAL CODE
TELEPHONE #	NAME OF DIRECTOR

<p># OF PERMITS REQUESTED</p> <p>MAX. of 10; _____</p> <p>\$31 per permit; x \$31.00</p> <p>\$33 if sent by mail x \$33.00</p> <p>Total amount enclosed: \$ _____</p>	<p>ORGANIZATION STAMP</p>
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EXPLANATION OF NEED FOR PERMITS

I agree to be responsible for the appropriate use of the permit. I understand the information above and hereby authorize the release of any information requested with respect to this application form to the DRC Parking Program for people with disabilities.

_____ SIGNATURE OF DIRECTOR	_____ DATE
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For office use only

Date rec'd _____	Rec'd by _____	Amt. Rec'd _____
Permit # _____	Expiry Date _____	DONATION \$ _____

MEMBER OF INDEPENDENT LIVING CANADA SINCE 1990

Taxation Charity Registration Number – 89274 6165 RR0001