



**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)

|                             |                         |
|-----------------------------|-------------------------|
| <b>NAME OF ORGANIZATION</b> |                         |
| <b>ADDRESS</b>              | <b>POSTAL CODE</b>      |
| <b>TELEPHONE #</b>          | <b>NAME OF DIRECTOR</b> |

|  |                           |
|--|---------------------------|
| <b># OF PERMITS REQUESTED</b><br>MAX. of 10;<br>\$25 per permit;                      x \$25.00<br>\$27 if sent by mail                    x \$27.00<br><br><b>Total amount enclosed:</b> \$ _____ | <b>ORGANIZATION STAMP</b> |
|--|---------------------------|

|  |
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| <b>EXPLANATION OF NEED FOR PERMITS</b> |
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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.

|                                       |                      |
|---------------------------------------|----------------------|
| _____<br><b>SIGNATURE OF DIRECTOR</b> | _____<br><b>DATE</b> |
|---------------------------------------|----------------------|

*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