

Home Health Care Services Parking Permit Application



Are you renewing an application that was issued in the last 12 months? Yes No

Applicant information

Organization Name	Authorized Representative's Name
_____	_____
Street number Unit/Apartment/Suite	Street Name
_____	_____
City	Phone Number
_____	_____
Province Postal Code	Email Address
_____	_____

Please attach a letter from the Home Healthcare agency on company letterhead confirming that necessary in-home health care services are being provided along with a list of workers providing services in client's homes with the vehicle make/model and plates belonging to workers.

Permit start date (yyyy/mm/dd)

Consent

I understand that an application does not guarantee that I will receive a parking permit and that I have no claim against the Town of Cobourg if I am unable to find a parking space, if I am ticketed or tagged, or if my car is towed away for not obeying the parking regulations or applicable By-laws within the Town of Cobourg.

I understand that it is an offence to knowingly make a false statement on this application form, I certify that the information submitted is true and accurate to the best of my knowledge.

I understand that Town staff, where applicable, may contact me to seek additional proof and documentation to ensure my application meets previously stipulated permit requirements.

Electronic signature (Please type your first and last name) Date

Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act (the "Act") which applies to all information collected by the Town. Personal information will be used by the Town for the purposes of creating parking permit records, and administering the parking permit program. "Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended, Inquiries about the collection of personal information should be directed to the Municipal Clerk. Corporation of the Town of Cobourg 55 King Street West, Cobourg, ON K9A 2M2 Phone (905) 372-4301 www.cobourg.ca

Save and email the completed form along with your company letter to astewart@cobourg.ca.