



Cowichan Independent Living

Resource Centre

Promoting a new perspective on disability

CILRC

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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
# OF PERMITS REQUESTED MAX. OF 10 _____ \$25.00 per Permit; x \$25.00 Total amount enclosed: \$ _____	ORGANIZATION # OR STAMP
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

<i>For Office use only</i>		
Date rec'd _____	Permit # _____	Expiry Date _____