



**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 _____ \$50.00 per Permit;      x \$50.00 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 herby 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

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