



**CITY PARK**  
CO-OPERATIVE APARTMENTS INC.

484 Church Street, Suite 115, Toronto, Ontario M4Y 2C7 Tel. (416) 924-6294, Fax (416) 944-1518

## Non-Member's Parking Agreement

Sticker No: \_\_\_\_\_ Parking Spot Sec. & No: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

FOB No: \_\_\_\_\_ Monthly Rate: \_\_\_\_\_ Payment Received: \_\_\_\_\_

### Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Colour: \_\_\_\_\_ License Plate No: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Colour: \_\_\_\_\_ License Plate No: \_\_\_\_\_

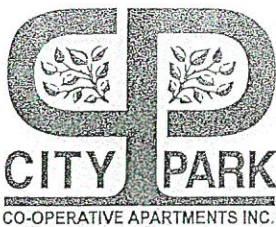
#### Non-Member's Parking Agreement:

1. Payments are made in full on the first of each month; payment must include parking spot section and number.
2. A Payment of 1<sup>st</sup>, last month, and a \$50.00 deposit for a key fob must be retained before a parking spot is issued
3. Sticker must be visible on the lower left side of the windshield. Failure to do so may result in your car being ticketed and/or towed away at your own expense.
4. City Park Co-op management office must be notified in writing immediately of any changes in all the above information.
5. Parking spot(s) and FOB(s) are for personal use only.
6. The person stated above must be the person signing this document.
7. Vehicle(s) must in drivable condition (including valid plates).
8. A copy of Ownership and Insurance must be copied and put on file for reference.
9. Cancellation of parking must be given in writing, 30 days in advance.

Upon Signing this document I agree that if I do not comply with the Conditions stated above I will be ticket and/or towed at my own expense, I accept full responsibility for any activity involving my vehicle(s), parking spot(s), and FOB(s). I also understand that City Park Co-op is not responsible for any damaged or stolen property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_



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## Non-Member's Parking Cancellation

Sticker No: \_\_\_\_\_ Parking Spot Sec. & No: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

FOB No: \_\_\_\_\_ Monthly Rate: \_\_\_\_\_ Payment Received: \_\_\_\_\_

## Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Colour: \_\_\_\_\_ License Plate No: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Colour: \_\_\_\_\_ License Plate No: \_\_\_\_\_

### Non-Member's Parking Agreement: Cancellation

1. Account ledger must be at a zero balance prior to cancelling your parking spot.
2. Parking sticker and FOB must be returned to City Park Co-operative management office in order to receive the deposit on your account.
3. Any remaining money(s) owed will be issued with 2 weeks of obtaining the parking sticker and FOB.
4. The person stated above must be the person signing this document.
5. Cancellation of this parking spot must be given in writing, 30 days in advance.

Upon signing this document, I am submitting my 30 days written notice to cancel my parking agreement with City Park Co-operative Apartments Inc. I accept the 2 weeks waiting period to have my refund mailed out to the forwarding address indicated above or picked up at 484 Church Street, Suite 115. I accept full responsibility for any activity involving my vehicle(s), parking spot(s) and key fob(s). I do understand that City Park Co-operative Apartments Inc is not responsible for any damaged or stolen property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Staff Position: \_\_\_\_\_