

## **PARKING REQUEST**

Building		Unit
Address:		Number:
Tenant Name:		Date:
<u>CANCEL</u> :		
		Inside
	would like to cancel our parking	
Mthly Fee of \$	_ to become effective	Month Year
	Day	Month Year
TRANSFER: Effective date		
I/We the undersigned	request a change in our parking s	anace from:
-		-
	de Norr anosa	Inside
<b>Current space</b> : Outs		: Outside of \$
Munty Fee of \$	Mthly Fee	01 \$
ADDITIONAL PARKING:	Effective date:	
I/We the undersigned	request additional parkin	a spot(s) at an additional
•	Vehicle infor	
	veniele intol	ination is as follows.
Make:	Colour: Licens	e #
Make:		e #
Make:	Colour: Licens	e #
<i>Make:</i> I/We understand that the a	Colour: Licens	e # val.
<i>Make:</i> I/We understand that the a	<i>Colour</i> : <i>Licens</i>	e # val.
<i>Make:</i> I/We understand that the a	Colour: Licens	e # val.
<i>Make:</i> I/We understand that the al (Tenant Signature)	Colour: Licens bove request is subject to appro (Tenant Signature OFFICE USE ONLY	e # val.
<i>Make:</i> I/We understand that the a	Colour: Licens bove request is subject to appro (Tenant Signature OFFICE USE ONLY	e # val.
<i>Make:</i> I/We understand that the al (Tenant Signature)	Colour: Licens bove request is subject to appro (Tenant Signature OFFICE USE ONLY	e # val.
Make:I/We understand that the all (Tenant Signature) Request approved	Colour: Licens bove request is subject to appro (Tenant Signature OFFICE USE ONLY Requ	e # val. >)
<i>Make:</i> I/We understand that the al (Tenant Signature)	Colour: Licens bove request is subject to appro (Tenant Signature OFFICE USE ONLY Requ	e # val.
Make:I/We understand that the all (Tenant Signature) Request approved (Date Approved) *Please note:	Colour: Licens bove request is subject to appro (Tenant Signature OFFICE USE ONLY Requ	e # val. ) hest denied nt for Landlord) n your parking charges,

LAKESHORE EXECUTIVE CENTRE • 299 Lakeshore Drive, Suite 300, Barrie, ON L4N 7Y9 Mail P.O. Box 628, Barrie, ON L4M 4V1 • Phone 705-722-6706 • Fax 705-726-3909 • www.mmcorp.ca

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