



## Parking Fee Deduction Consent Form

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

Name of Employee: \_\_\_\_\_  
(Please Print)

Please check one:

- I request parking privileges on Southern Health-Santé Sud property.
- I do not require parking privileges.

IDENTIFY ALL VEHICLES THAT YOU MAY USE:

Make of Vehicle

License Plate Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by requesting parking privileges as indicated above, I agree to abide by the Southern Health-Santé Sud Parking Policy. (see policy in folder).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Parking Tag Issued: