



STAFF PARKING CANCELLATION FORM

TO CANCEL YOUR PARKING PERMIT, COMPLETE THIS CANCELLATION FORM AND SUBMIT TO THE TRIUMF RECEPTIONIST PRIOR TO THE 15TH DAY OF THE MONTH IN WHICH YOU ARE CANCELLING COVERAGE. FAILURE TO DO SO WILL RESULT IN FURTHER PARKING CHARGES.

EMPLOYEE NAME: *(Please Print)* _____

CANCELLATION DATE: MONTH: _____ 15th *OR* LAST DAY

TYPE OF PERMIT: Vehicle Motorcycle Combo

1. Long Term Pass
2. Short-Term Pass

ORIGINAL METHOD OF PAYMENT:

1. PAYROLL DEDUCTION
2. BY CREDIT CARD
3. BY CHEQUE

PLEASE NOTE THAT IF THE PERMIT IS NOT RETURNED, DEDUCTIONS CANNOT BE STOPPED OR REFUND OF PREPAYMENT CANNOT BE ISSUED.

Employee's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Permit Returned To: _____ **Date:** _____