



100 – 226 Osborne Street North
Winnipeg, MB.
R3C 1V4
Office 204 953-6800
Fax 204 953-6818
www.inlett.com

PARKING AUTHORIZATION

Parking Lot Location _____

VEHICLE INFORMATION:

(primary vehicle)

(secondary vehicle)

Make _____

Make _____

Model _____

Model _____

Colour _____

Colour _____

License Plate # _____

License Plate # _____

NAME AND CONTACT INFORMATION:

Name _____

Address _____

City _____ Province _____ Postal Code _____

Email Address _____

Phone # (_____) _____ Work Phone # (_____) _____

Mobile # (_____) _____ Fax # (_____) _____

Emergency alternate Name/Phone Contact: _____ (_____) _____

I hereby authorize parking with Inlett Properties. I understand, agree to and shall abide by, all the terms and conditions of Inlett's Parking Agreement.

SIGN _____ DATE _____

To be completed by INLETT office

Parking Pass # _____ Parking Lot _____ Effective _____

Stall# _____ Rate _____ Approval _____