



Hamilton

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Hamilton Municipal Parking System
Planning and Economic Development Department
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HAMILTON MUNICIPAL PARKING SYSTEM HOME CARE SERVICES PARKING PERMIT APPLICATION

I, _____, resident of _____,
Please Print Street and Number

hereby apply to the City of Hamilton for a Home Care Services Parking Permit for use on

_____, between _____
Street Street

and _____.
Street

I do hereby certify that;

1. Because of health problems, I am unable to obtain essential services without assistance from others, and;
2. I do not drive a motor vehicle, and no one residing in this premises is available to provide such services for me, and;
3. I understand that said permit may be made available by me only to persons providing me with support services, such as delivery of food and other essential items, homemaking services, nursing services, visits by immediate family members, and related services, and only while they are engaged in providing me with these services, and;
4. I will allow the permit to be used for a maximum of two hours at a time, and;
5. I understand that the permit allows exemption from the "Permit Parking" regulation on my block only, and does not apply to other parking regulations, and;
6. I am aware that the permit must be renewed in January each year, and;
7. I am aware that the City of Hamilton may withdraw the permit if the above-mentioned conditions are not adhered to.

Signature

Date