

3-Month Parking Permit Application Form



Applicant Information

Full Name of Applicant: _____

Address: _____

Phone number (mobile): _____

Email Address: _____

Parking Permit Details

Start Date: ____ / ____ / ____

End Date (3 months from start): ____ / ____ / ____

Cost of Parking (3 months): \$450 flat rate

Vehicle Information

Vehicle Make & Model: _____

Vehicle Registration Number: _____

Terms and Conditions

By signing this form, the applicant acknowledges and agrees to the following:

- Granting of the Parking permit is at the absolute discretion of Lakeview Private Hospital and the decision is final.
- The vehicle owner is solely responsible for the vehicle and all personal belongings within it.
- Lakeview Private Hospital accepts no responsibility for loss, damage, or theft of any vehicle or contents.
- This permit is valid only for the vehicle listed above and is not transferable.
- Permit must be displayed clearly on the dashboard at all times while parked in designated areas.
- Misuse of the permit may result in cancellation without refund.

Applicant Declaration

I, the undersigned, acknowledge and accept the terms and conditions of the 3-month parking permit as outlined above.

Signature of Applicant: _____

Date: ____ / ____ / ____

Office Use Only

Approved By: _____

Date Issued: ____ / ____ / ____