



Please complete the form by clicking in the highlighted fields or tabbing to them and typing in your information. Once you have completed the form, you may save it and send it as an email attachment, or you may print it to submit it in person.

Application Form ±Macdonald Campus

Contact Information

Last Name*: _____ First Name*: _____

McGill ID*: _____ Home Address: _____

Province: _____ Postal Code: _____

Department*: _____ Building*: _____

Room/Suite: _____ Primary Contact Phone*: _____

Secondary Contract Phone: _____ Mobile Phone: _____

E-Mail: _____

Vehicle Information

Make1*: _____ Model1*: _____ Year1*: _____

Colour1*: _____ Plate1*: _____ Province1*: _____

Make2: _____ Model2: _____ Year2: _____

Colour2: _____ Plate2: _____ Province: _____

Type of permit

Permit type	Selection
Employee	
Student	
Employee Resident (at their house only, included)	
Employee Resident parking on campus (paying full price)	
Student Resident	
JAC Employee	

Please check the following box if you have a government issued permit for parking in spaces designated for persons with disabilities*: _____

If you have a government issued permit for parking in spaces designated for persons with disabilities, please include a scan or photo of the registration card that accompanies the permit when you submit this form.

Please select the type of pass you would like to purchase *:

Yearly

Half Year

Please select your preferred payment type and delivery method *:

Preferred payment type and delivery method	Selection
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