

CLERMONT

EXTRA CAR PARKING CANCELATION

RESIDENT NAME: _____

ADDRESS: Unit: _____ Address: _____

TELEPHONE: _____

VEHICLE INFORMATION:

VEHICLE MAKE / MODEL: _____

VEHICLE COLOR: _____

VEHICLE LICENSE PLATE #: _____

DATE REQUESTING TO TERMINATE ASSIGNED PARKING SPACE #: _____

ON _____ (MONTH) _____ (DATE) _____ (YEAR)

- I AGREE AND UNDERSTAND THAT I WILL NO LONGER HAVE THE RIGHTS AND PRIVILEGES OF THIS PARKING SPACE AND WILL NOT USE THIS SPACE AGAIN UNLESS PERMISSION/APPLICATIONS GRANT MYSELF PERMISSION;
- IF I PARK IN THIS SPACE OR ANY OTHERS IN THE PARKINGS AREAS OF 17 ELDON HALL PLACE, WITHOUT PERMISSION GRANTED, I UNDERSTAND THAT THIS IS A VIOLATION OF OUR AGREEMENT AND COULD BE TOWED WITHOUT PRIOR NOTICE. AT MY OWN EXPENSE;
- I UNDERSTAND I AM GIVING THE MINIMUM OF 15 DAYS NOTICE PRIOR TO THE CANCELLATION, WHICH I AGREED TO WHEN THE APPLICATION WAS PREVIOUSLY COMPLETED. IF THIS NOTICE IS NOT GIVEN I AM REQUIRED TO PAY FOR THE NEXT MONTH AS WELL.
- FAILURE TO COMPLY WITH THE ABOVE COULD RESULT WITH A CHARGE FOR THE SPACE(S) I USED AT MY OWN DISCRETION.

Name _____.(please print)

Signature _____ Date _____

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