LOWER DRIVEWAY BOULEVARD PARKING PILOT PROGRAM APPLICATION

We, the undersigned residents of _____ wish to
(STREET NAME)
request the implementation of the Lower Driveway Boulevard Parking Pilot Program.

Between _____ and _____.
(LIMITS OF ROADWAY – MAJOR INTERSECTION, or ENTIRE ROAD)

Contact Person: _____

Phone Number: _____

Application Statement:
This application is a pre-screening process requiring **(51%)** support before a formal questionnaire will be distributed to residents by the Transportation Service Area. **Your participation is not binding. The purpose of obtaining the (51%) support is to confirm the general support for this request prior to a questionnaire being issued. Only one entry from the property management/landlord will be accepted for multi-residential properties (e.g. apartments, townhouse complex, etc.).** Please note that City staff may randomly contact residents to confirm their support.

NOTE: All fields are required per entry.

Homeowner Name (One Per Household)	Address	Phone Number	Signature

INFORMATION RECORDED ON THIS APPLICATION BECOMES PUBLIC INFORMATION IN ACCORDANCE WITH MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT. Information on this form is solely for the purpose of determining whether or not a majority support the requested program and is maintained in accordance with the Municipal Freedom of Information and Protection of Privacy Act, RSO 1990, c.M.56.

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Please ensure you have read the Application Statement on page #1 before signing this application.

NOTE: All fields are required per entry.

Homeowner Name (One Per Household)	Address	Phone Number	Signature

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Please ensure you have read the Application Statement on page #1 before signing this application.

NOTE: All fields are required entry.

Homeowner Name (One Per Household)	Address	Phone Number	Signature

Submit completed application in person, by mail, email (scanned pdf), or fax to:

City of St. Thomas, Attn: Lower Driveway Boulevard Parking Pilot Program Application
545 Talbot St.
St. Thomas, Ontario
N5P 3V7
Email: parking@stthomas.ca,
Fax: 519-633-9019

If you require more information please visit, www.stthomas.ca/overnight_parking

Application Summary (For office use only)	
Number of homes in circulation area	
Total number of homes in support	

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