

100 – 226 Osborne Street North Winnipeg, MB. R3C 1V4 Office 204 953-6800 Fax 204 953-6818 www.inlett.com

PARKING AUTHORIZATION

Parking Lot Locatio	n		
(primary vehi	VEHICLE INFORM	MATION: (secondary vehicle)	
Make	Make	Make	
Model	Mode	Model	
Colour	Colou	Colour	
License Plate #	Licen	License Plate #	
NAME	AND CONTACT I	NFORMATION:	
Name			
Address			
		Postal Code	
Email Address			
		one # ()	
Mobile # ()	Fax #	()	
Emergency alternate N	ame/Phone Contact:	()	
terms and conditions of Inle	tt's Parking Agreement.	stand, agree to and shall abide by, all the DATE	
To be completed by INLETT	==	F.C.	
Parking Pass # Rate		Effective proval	