



175 Longwood Road South, Suite 105
 Hamilton, ON, L8P 0A1
 Phone: 905-667-5500
 Fax: 905-667-5501
www.mcmasterinnovationpark.ca

RECIPROCAL PARKING APPLICATION

Name: _____

Effective Date: _____

Company Name: _____

Business Ph: _____

Email: _____

Home Ph: _____

McMASTER INNOVATION PARK

RECIPROCAL AGREEMENT

- LOT 2 (\$90/MTH - PLUS GST)
- LOT 3 (\$90/MTH - PLUS GST)
- UNDERGROUND (\$145/MTH - PLUS GST)
 (LIMITED SPACE -- Approval Required)

- McMaster University

I PREFER TO PAY BY:

- CHEQUE** (Payable to McMaster Innovation Park)
- PAYROLL DEDUCTION** (McMaster University Employees only)

Employee ID #: _____ Effective Date (pay period): _____

CREDIT CARD:

Visa MasterCard Card Number: _____ Exp: ____/____

_____ \$ _____
 Name as it appears on the card (First Name & Last Name) Authorized Amount

_____ _____
 Cardholder's Signature Date

***Signature below pre-authorizes MIP to charge my credit card/ payroll deduction on a monthly basis.**

Signature: _____

Vehicle(s) Information:

License plate # _____	Make: _____	Model: _____	Colour: _____
Registered owner: _____			

License plate # _____	Make: _____	Model: _____	Colour: _____
Registered owner: _____			