



Application/Agreement for Temporary Parking Exemption

(Please fax application to Clerk's Dept. at (705) 487-0133 or mail/hand deliver to the Township of Oro-Medonte Office located at 148 Line 7 South, P.O. Box 100, Oro, ON L0L 2X0)

Today's Date: _____

Name, Date(s) and Duration of Event: _____

Time(s) of Event: _____

Requested Parking Location: _____

Property Owner(s) Name (please print): _____

Property Address: _____

Contact Phone Numbers: _____

Approximate Number of Vehicles: _____

Have you made an application before: _____

If yes, when granted: _____

Conditions:

- I am aware that I am responsible to have vehicles cleared in the event of an emergency.
- I understand that any contravention to any conditions will revoke my application and that no further applications will be allowed.

**** Additional conditions to be defined based on location and circumstances.**

I agree to the above-noted conditions. _____

Property Owner's Signature

Township of Oro-Medonte Use Only

Approval Name & Signature: Clerk (or designate) _____ Date: _____

cc: Director of Transportation and Environmental Services
Chief Municipal Law Enforcement Officer
Director of Fire & Emergency Services