

# PARK-AND-RIDE REGISTRATION FORM

Please write legibly and answer each question.

_____	_____	
Last name	First name	
_____	_____	
Home address	City	Postal code
_____	_____	
Email address	Phone number	
_____	_____	
<b>Vehicle 1</b> - Color of the registered vehicle	Make of the registered vehicle	
_____	_____	
Plate number of the registered vehicle	_____	
_____	_____	
<b>Vehicle 2</b> - Color of the registered vehicle	Make of the registered vehicle	
_____	_____	
Plate number of the registered vehicle	_____	

## TERMS OF USE

By using the sticker, you agree to the following conditions:

- a) The park-and-ride spaces can only be used during its operating hours, between 6 a.m. and 10 p.m., from Monday to Friday.
- b) The user assumes full responsibility of the vehicle as the City of Dieppe is not liable for theft or damage.
- c) The sticker remains the property of the City of Dieppe and may be revoked at any time.
- d) Initial registration is free and non-transferable and the user must inform the municipality of any vehicle changes.
- e) Loss or theft of a sticker must be reported to 877.7900 as soon as possible.
- f) A fee of \$10 will be charged to replace a lost or stolen sticker.
- g) To use the park-and-ride spaces, the sticker must be visible on the passenger side of the vehicle's windshield.
- h) The sticker is valid only for parking spaces reserved for the park-and-ride.
- i) Park-and-ride spaces are not permitted for commercial use and to heavy vehicles.
- j) The municipality does not guarantee an available parking space at all times.
- k) You agree to answer surveys sent periodically by the City of Dieppe to evaluate the pilot project.

I certify that I have read and understood the terms of use and that the information provided by me on the form is true.

(MM/DD/YYYY)

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of the sticker holder

Reserved for use by the City of Dieppe

(MM/DD/YYYY)

\_\_\_\_\_

Registration date

\_\_\_\_\_

Sticker registration number

\_\_\_\_\_

Initials of the person who reviewed the form and approved the sticker

Personal information on this form is collected under the authority of the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act* for the purpose of processing your application. Questions about this collection of personal information can be directed to the Clerk, 333 Acadie Avenue, Dieppe, New Brunswick, E1A 1G9, 506.877.7900.

