

## Parking Application

All Parkers must comply with AHS parking regulations available on Insite

Parking availability is not guaranteed. Parking Services will confirm receipt of all applications.

### Return completed application by one of the following methods:

- Scanning and emailing to your zone's email address. Include your home site in the subject line.
- Faxing or mailing to your site's parking office. Visit Insite for a list of parking offices and fax numbers in your zone.
- Attending in person at your site's parking office.

**Find Parking Information on Insite**  
[insite.albertahealthservices.ca/parking.asp](http://insite.albertahealthservices.ca/parking.asp)

<b>North Zone</b> parkingnorth@albertahealthservices.ca
<b>Edmonton Zone</b> parkingedmonton@albertahealthservices.ca
<b>Central Zone</b> parkingcentral@albertahealthservices.ca
<b>Calgary Zone</b> parkingcalgary@albertahealthservices.ca
<b>South Zone</b> parkingsouth@albertahealthservices.ca

**All fields are required except where noted as optional.**

<b>Employee Information</b>	Last Name		First Name		Employee Payroll Number	
	Home Address			City		Postal
	Email Address				Work Phone (xxx.xxx.xxxx)	
	Licence Plate #1		Licence Plate #2 (Optional)		Licence Plate #3 (Optional)	
	<b>Please list all sites where you currently work and the FTE of each position</b>					
	Home Site	FTE	Parking Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Position	Department
	Additional Site	FTE	Parking Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Position	Department
Additional Site	FTE	Parking Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Position	Department	
Signature					Date (yyyy-Mon-dd)	

<b>Office Use Only</b>	Lot/Site		Permit #		Access Card #	
	Payment <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Pre-Authorized Debit (Monthly) <input type="checkbox"/> Transfer of Funds <input type="checkbox"/> Credit Card / Debit <input type="checkbox"/> Other		Type of Parking <input type="checkbox"/> Offsite <input type="checkbox"/> Surface (Non-Energized) <input type="checkbox"/> Surface (Energized) <input type="checkbox"/> Parkade <input type="checkbox"/> Heated Parkade <input type="checkbox"/> Other _____		<input type="checkbox"/> Access Control Provided <input type="checkbox"/> Entered in T2 Flex <input type="checkbox"/> Payroll deduction processed (If Applicable)  Deduction Code _____ <input type="checkbox"/> Default to Deduction table <input type="checkbox"/> Rate X Special Hours _____	
	Comments				Clerks Initials	Effective Date (yyyy-Mon-dd)

The personal information collected by this application form is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act.

If you have any questions about AHS' privacy policies and practices, please contact Information and Privacy at 1-877-476-9874. You may also write to Information and Privacy at 10301 Southport Lane SW, Calgary, Alberta T2W 1S7 or email us at [privacy@albertahealthservices.ca](mailto:privacy@albertahealthservices.ca)