



BROOKS CO-OPERATIVE HOMES INC.

2145 Sheridan Park Dr., Ste. 6, Mississauga, Ont. L5K 1C6
Tel: (905) 823-4777 Email: office@brookscooperative.ca

Annual Lottery Draw for Secondary Parking Space Enrollment Form

BUILDING AND UNIT #: 21 _____ Sheridan Park Drive, Unit # _____

LIST ALL MEMBERS
IN UNIT:

LIST ALL LONG-TERM
GUESTS IN UNIT:

Please provide all information for owned/company vehicles that could occupy your reserved parking spaces at Brooks Co-operative Homes:

All vehicles must belong to members or long-term guests of the household
****Company vehicles are allowed pending submission of required documentation***

Name of Owner of Vehicle	License Plate #	Make/Model	Colour	Year

- I have attached current vehicle registration for all vehicles belonging to the unit (including required documentation for company vehicles)
- I have already submitted current vehicle registration for all vehicles belonging to the unit to the office (including required documentation for company vehicles)
- I have submitted copies of current vehicle registration via email to [**office@brookscooperative.ca**](mailto:office@brookscooperative.ca) (including required documentation for company vehicles)

This enrollment form is considered incomplete until all required vehicle registration documents have been received by the office.



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- I (we) am aware and acknowledge that all vehicles parked at Brooks Co-operative must be registered with the office and be displaying the hanging parking pass while parked on site.
- I (we) am aware and acknowledge that registered vehicles are not permitted to park in visitor parking at any time.
- I (we) am aware and acknowledge that registered vehicles are not permitted to park in a space assigned to a unit other than my own at any time.
- I (we) am aware and acknowledge that, if I am granted one, my secondary spot may need to be given up if another unit needs a primary parking spot (in accordance with *Parking Bylaw section 3.v*).

Member Signature: _____

Name(print): _____

Member Signature: _____

Name(print): _____

Member Signature: _____

Name(print): _____

Member Signature: _____

Name(print): _____

Date Submitted: _____

This enrollment form is considered incomplete if it is not signed by all members residing in the unit.

OFFICE USE ONLY

Date Received: _____

Parking Lottery Year: _____