



Cambridge New Hope Housing Co-operative Vehicle Identification and Parking Form

Name: _____ Unit: _____ Date: _____

Signature(s): _____

Complete Section A if you own and park at least one vehicle at Cambridge New Hope Housing Co-operative.
Members are allowed one parking space per unit.

Section A: Primary Vehicle

Make _____

Model _____

Year _____

Colour _____

License # _____

Complete Section B if you do not own a vehicle, and if you permit another member to park in your parking spot.

Section B: No Vehicle

- I do not own a vehicle.
- I do not permit any other member to park in my spot. -OR-
- I permit _____ (name of member) from unit
_____ (unit #) to park their vehicle in my parking spot.

Complete Section C if you own and park a second vehicle at Cambridge New Hope Co-op. It is the responsibility of each member who wants to park more than one vehicle to comply with the Vehicle/Parking Policy.

Section C: Secondary Vehicle

Make _____

Model _____

Year _____

Colour _____

License # _____

Member Who has granted permission to use
their parking spot (include name and unit #) _____ (name) _____ (unit)

If you own more than two vehicles, please contact the office.