

# Wellington Regional Hospital Staff Daily Parking Permit Order Form

PH: 04 805 0445

Please return your completed form to **Care Park NZ Ltd**



**POST:** PO Box 21036  
WELLINGTON 6041

**EMAIL:** info@carepark.co.nz  
**FAX:** 04 388 9683

## Your Details

Full name:

Employee no.   CCDHB  Other  *Please specify*

Address:  Vehicle Registration no.   
 Postcode:

Phone:  Email:

## Delivery Instructions

Standard Post  Collect from underground Car Park booth (Wellington Hospital)  
*No additional charge.  
Please allow 5-7 working days for delivery*

## Terms and Conditions

### Usage Terms and Conditions

1. Your staff daily permit must be displayed on the dashboard of your vehicle alongside a valid Pay and Display parking ticket so both are clearly visible from outside the vehicle.
2. This permit is valid for up to one calendar year, i.e. 1 January 2016 to 31 December 2016
3. Parking and use of this permit is subject to the contractual terms and conditions displayed on signage at the car park and parking using this permit indicates your agreement to those terms.
5. You acknowledge that failure to comply with the terms and conditions for use of this permit and as indicated on signage at the car park will result in the issue of a Payment Notice in respect of each day on which the breach occurs.

### Signed for and on behalf of the Patron:

Signature:

Print Name:

Date:  /  /

### Signed for and on behalf of Care Park:

Signature:

Print Name:

Date:  /  /

## OFFICE USE ONLY

Authorised Officer Name	Authorised Officer Signature	Date	Permit no.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>