

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

North Zone parkingnorth@ahs.ca
Edmonton Zone parkingedmonton@ahs.ca
Central Zone parkingcentral@ahs.ca
Calgary Zone parkingcalgary@ahs.ca
South Zone parkingsouth@ahs.ca

All fields are required except where noted as optional.

New Application Update

Customer Information	Last Name		First Name		Employee Payroll Number				
	Home Address			City		Postal			
	Email Address				Work Phone (xxx.xxx.xxxx)		Home Phone (xxx.xxx.xxxx)		
	Licence Plate #1		Prov	Licence Plate #2 (Optional)		Prov	Licence Plate #3 (Optional)		Prov
	Please list all sites where you currently work and the FTE of each position								
	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	
	<input type="checkbox"/> I understand and agree to comply with the AHS Provincial Parking Regulations (PS-042) <input type="checkbox"/> (AHS and Alberta Public Laboratories Employees only) I consent to payroll deductions for payment of parking fees (AHS Parking Regulations "Payment for Staff Parking")								
	Signature						Date (yyyy-Mon-dd)		

Office Use Only	Lot/Site		Permit #		Access Card #		T2 Flex UID	
	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 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' collection of your personal information please contact AHS Parking Services, Project Manager, Policy Development and Risk Management; Second Floor, Building 9 Alberta Hospital Edmonton, 17480 Fort Road NW, Edmonton, AB T5J 2J7 or phone at (780) 342-5028.