

| Send completed form to parkingeventrentals@calgary.ca |
|---|
| Date of Request: |

EVENT RENTAL CODE REQUEST FORM

| Event Title: | | | | | | |
|---|---------------------|---------------------|----------------------|-----------|--|--|
| Event Start Date*: | | Event End Dat | Event End Date*: | | | |
| Event Start Time*: | | Event End Tim | Event End Time*: | | | |
| *Including set up and tak | | | | | | |
| Event Contact Information | on | | | | | |
| Organization Name: | | | | | | |
| Legal Name: | osame as above | ○ other: | | | | |
| Contact Person Name: | | Title: _ | Title: | | | |
| Phone #: | | | | | | |
| Organization Address: | | | | | | |
| Billing Information sa | ime as above | | | | | |
| Organization Name: | | | | | | |
| Billing To Name: | | | | | | |
| | | Email: | | | | |
| Billing Address: | | | | | | |
| Preferred Payment Meth | od: credit card (ov | er phone) cheque (n | nailed) in person¹ | EFT | | |
| Event Venue | | | | | | |
| Lot # ² : | Lot Address: _ | | Approx. Number of St | talls: | | |
| Rate Specifics | | | | | | |
| Duration: | | 7-24 hours | after 4PM start | | | |
| Day: | weekday | weekend | 0 1 11 | | | |
| ○ I acknowledge that far result in a parking ticket. | | | | | | |
| CP Use | | | | | | |
| Rate: | | /stall + | administration | fee + GST | | |
| Validation Code(s): | | | | | | |
| | | THE CITY OF | CALGARY | | | |
| | | Event Rental | ls, Calgary Parking | | | |

The personal information collected herein is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta, and will be used for the purpose of **Event Rentals**. Should you have questions about the use of your information, please contact parkingfoip@calgary.ca.



 $^{^{\}rm 1}$ In person payment is only accepted at the Municipal Impound Lot (400- 39 Avenue SE).

 $^{^{\}rm 2}$ Parking lot terms and conditions apply.

 $^{^{\}rm 3}$ Stalls provided on a first-come first-serve basis. Stalls not guaranteed.