

Customer Service Interparking

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Office box 30160

3001 DD Rotterdam

Request for cancellation or change Contract Parking

details:		
Name and surname subscription holder *		
Client number		
Contract number*		
Bank account number*		
License plate number*		
Pass number*		
Phone number*		
E-mail address*		
Date*		
Car park*		
*These field are mandatory. Incomplete forms will not be process	sed.	
Change(s) concern(s): Other car park:		
Lost pass:		
Damaged pass:		
Contract will end on, please fill in the date:		
Change of address, please fill in the date:		
E-mail address:		
Other:		
Remarks/ reason for cancellation		
Themanie, reason for canonical		_
By sending this form Lagree to the abo	ove cancellation/ amendment requested by me	

088 54 21 300 www.interparking.nl/en