

## Request for cancellation or change Contract Parking

### details:

Name and surname subscription holder *	<input type="text"/>
Client number	<input type="text"/>
Contract number*	<input type="text"/>
Bank account number*	<input type="text"/>
License plate number*	<input type="text"/>
Pass number*	<input type="text"/>
Phone number*	<input type="text"/>
E-mail address*	<input type="text"/>
Date*	<input type="text"/>
Car park*	<input type="text"/>

\*These field are mandatory. Incomplete forms will not be processed.

### Change(s) concern(s):

<input type="checkbox"/> Other car park:	<input type="text"/>
<input type="checkbox"/> Lost pass:	<input type="text"/>
<input type="checkbox"/> Damaged pass:	<input type="text"/>
<input type="checkbox"/> Contract will end on, please fill in the date:	<input type="text"/>
<input type="checkbox"/> Change of address, please fill in the date:	<input type="text"/>
<input type="checkbox"/> E-mail address:	<input type="text"/>
<input type="checkbox"/> Other:	<input type="text"/>

### Remarks/ reason for cancellation

Save the file and add it as an attachment in the email to [abo@interparking.nl](mailto:abo@interparking.nl) or send by post to:

#### Interparking Nederland BV

Attn. Department Customer Service

PO Box 30160

3001 DD Rotterdam