



Send completed form to eventrentals@calgaryparking.com

Date of Request: _____

EVENT RENTAL CODES REQUEST FORM

Event Title: _____

Event Date(s): _____

Event Start Time: _____ Event End Time: _____

Event Venue

Lot # or Location¹: _____

Approx. Number of Stalls²: _____

Billing Information

Organization Name: _____

Legal Name: same as above other: _____

Contact Person Name: _____

Phone #: _____

Email: _____

Address: _____

Rate Specifics

Duration: 1-6 hours 7-24 hours

Day: weekday weekend

CPA Use

Event Accepted: yes no, reason: _____

Rate: _____ / stall

Event Code: _____

THE CITY OF CALGARY, by its committee of Council,
CALGARY PARKING AUTHORITY

Acting General Manager, Calgary Parking Authority

¹ Parking lot terms and conditions apply.

² Stalls provided on a first-come first serve basis. Stalls not guaranteed.