



PARKING CANCELLATION FORM

Name _____ Phone _____

Parking Lot _____ Spot Number _____

As per our Parking Agreement, I hereby give my official notice to cancel my parking in the above-noted parking lot.

I understand that our Parking Agreement is a month-to-month agreement, from the first day of the month to the last day of the month. As such, provided that this Cancellation Form is received by Heritage Management prior to the last day of the month, termination of our Parking Agreement shall become effective on the last day of the following month. (Example: if received on the 10th of June, payment will be taken for July 1st and the Agreement will terminate on July 31st).

Signature

Date

SUBMIT BY:

E-Mail : tenantservices@heritagemanagement.ca

Fax : 382-8847

In Person : 272 St. George Street

Suite 300