

AmeriPark

Date: _____

Access Card # _____

I, _____, am cancelling my agreement to use the
_____ Parking Structure for the month of _____

I understand that my access card will not be active.

Check here if you are terminating your parking agreement indefinitely and need a reimbursement for access card (_____). Please allow 4 weeks for reimbursement check to arrive.

Check here if you automatically pay by credit card each month so that we can delete your information from our system.

Refund Information:

Name: _____

Address: _____

Telephone: _____

Mail or Fax the Agreement to:

AmeriPark Offices
3280 Peachtree Road NW * Suite 2000 * Atlanta GA 30305-2422
Attn: Lani Schutter
Phone (678) 303-9163 * Fax (866) 579-8617

“Winning Through Service”