



PARKING CANCELLATION FORM

CITY OF BILLINGS P. O. BOX 1178

BILLINGS, MT 59103

MAIN OFFICE (406) 657-8412

Cancel Date: _____

Control Card/Hang Tag _____ Account No.: _____

Parker's Name: _____ Phone: _____

Company Name: _____ Phone: _____

Address: _____

City, State: _____ Zip: _____

Signature _____ **Date:** _____

Cancellation of a monthly parking agreement must occur 10 days before the beginning of the new month, or applicant will be responsible for the month's fee. To cancel monthly parking, please fill out this form and turn in your parking access card and/or hangtag permit to either your group manager if you are in a group or to the Account Clerk if you have an individual account. Failure to do so will result in additional rent, fees and parking citations. If control card or hangtag is lost, a replacement fee of \$25.00 will be charged to the applicant.

PLEASE SEND THE COMPLETED FORM TO SCOTTT@BILLINGSMT.GOV