



MANAGEMENT COMPANY OF OLYMPIC HOUSE LIMITED

OLYMPIC HOUSE – APPLICATION FOR ONE-HOUR FREE PARKING

Particulars of Organizer

Name of organization : _____

Address : _____

Contact person : _____

Telephone : _____

Fax number : _____

Details of reservation

Date of event : _____

No. of parking spaces required : _____

Parking Time : _____

Form of payment : **By organizer () By individual at exit ()**

(please tick as appropriate)

Vehicle Registration No.

Name of User

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Signature : _____

Name & Post Title : _____

Date : _____

Please fax back to 2881 1859 after the completion of this form.

For MCOHL Official Use Only

Authorised by :

Event Serial No. _____