



Office Use:
Access Card _____ HT# _____

Expiration _____

Louisville International Airport
RESERVED PARKING PROGRAM
Application

Name: _____
Address _____

City _____ Zip _____
Phone (____) _____
Email _____

Premium Parking 6 months _____ 12 months _____
 \$2,000 per space *\$4,000 per space*

Payment : Credit Card _____ Check _____
 Acct # _____
 Exp. ____/____ CSC _____

Billing Address _____
City _____ Zip _____

Applicant Signature _____

Make checks payable to Louisville Regional Airport Authority

Send completed applications to:

Louisville Regional Airport Authority
Attention: Parking Department
600 Terminal Drive #30
Louisville, KY 40209-1595

Questions should be directed to: 502-380-8378