



Metropass Bus Card Cancellation form



Sample form only. Actual form is available from:



PLANT MANAGEMENT DIVISION

50 Sherburne Avenue, Room G-10
St. Paul, MN 55155

651.201.2300

between the hours of 7:00 a.m. and 4:30 p.m., Monday-Friday

SAMPLE FORM: REQUEST FOR METROPASS CANCELLATION

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|-----------------------------|--|
| NAME: | CANCEL METROPASS circle card type Permanent Temporary |
| DEPARTMENT/DIVISION: | LAST DAY OF USE: |

Your Metropass contract shall remain in effect until the Metropass contract is duly canceled and the Metropass bus card is returned to Plant Management Division. Charges will continue to incur until the Metropass bus card is returned.

CARD NUMBER:

| | |
|-------------------|--------------------------|
| SIGNATURE: | TELEPHONE NUMBER: |
|-------------------|--------------------------|