

# MetroRail / Tri-Rail Cancellation Form

**We order transit passes in advance! Therefore, this form must be submitted by the 14th of the month to cancel a pass for the following month.**

C#:                                      First Name:                                      Middle Initial:                                      Last Name:

E-mail Address:

Office Phone:                                      Preferred Phone:

## Transit Pass Cancellation:

I would like to cancel:

MetroRail	Metro Parking Only	MetroRail and Metro Parking
Tri-Rail		

I hereby request that the University of Miami cancel my above transit selection effective immediately. I understand that my notice must be received on or before the 14th of the month to stop subsequent transit passes.

Signature:                                      Date:

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<b>Fax</b>	<b>Public Safety Administration</b>
<b>Mail</b>	<b>Office</b>
<b>E-mail</b>	Dominion Parking Garage
<b>or</b>	1051 NW 14th Street, Suite 145
<b>Hand Deliver</b>	Miami, FL 33136
	Office: (305) 243-6280 (2)
	Fax: (305) 243-8189
	ppasses@miami.edu