

Metrorail / Tri-Rail Cancellation Form

This form must be submitted by the 14th of the month in order to cancel for the following month.

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

E-mail Address:

Office Phone: Preferred Phone:

Please indicate what form of transportation you are canceling including the card number:

Metrorail Pass Only

Metrorail Parking Only

Metrorail Pass with Parking

Tri-Rail

I hereby request that the University of Miami cancel my selection above. I understand that my notice must be submitted on or before the 14th of the month to stop the subsequent transit pass and charges.

Signature

Date

FOR OFFICE USE ONLY

DATE RECEIVED:

SIGNATURE OF REP:

Public Safety Administration Office
1501 Building
1501 NW 9th Avenue, Suite 100
Miami, FL 33136
Office: (305) 243-6280 (2)
Fax: (305) 243-8189
ppasses@miami.edu

EMAIL, FAX OR HAND DELIVER THE FORM