

# MONTHLY PASS CANCELLATION

## Customer Information

Name: \_\_\_\_\_

Pass Number: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Phone Number \_\_\_\_\_

This form and proxy card must be received by Ancillary Services Manager by 4pm of the last business day of the month to avoid being charged for the following month.

## Box Office:

- 1) Attach the returned proxy card to this form with a clip.
- 2) Leave this completed form in the Ancillary Services Manager's mailbox immediately upon completion.
- 3) Send a confirmation email to Parking Manager and Ancillary Services Manager.

**Accounting:** When this paperwork has been returned to accounting, please remove from system, attach to the original application and file.

## **ACCOUNTING ONLY:**

DATE RECEIVED BY ACCOUNTING: \_\_\_\_\_

INITIAL HERE TO CONFIRM THE PASS HAS BEEN REMOVED FROM THE BATCH: \_\_\_\_\_

INITIAL HERE TO CONFIRM THE ORIGINAL APPLICATION HAS BEEN FILED: \_\_\_\_\_