



Office Use:

Name: _____

ADP Date: _____



Municipal Building Commission (MBC) Metropass Replacement Request Form

Replacement Request

Please check the reason:

- ☐ **Lost/Stolen**
- ☐ **Damaged** (determined by Metro Transit)
- ☐ **Defective** (non-responsive when placed on a Go To device)
- ☐ **Name Change—Former Name:** _____

If your card is damaged, defective or you are requesting a name change, you must return your Metropass along with this completed form.

☐ **Card Contains Stored Value** If your card contains stored value, this box must be checked in order for funds to transfer to your new Metropass.

- If my Metropass is damaged, lost, or stolen, I will receive a temporary pass from the MBC office (after filling out this form) until a replacement card is issued.
- I understand that an additional \$5.00 fee will be deducted from my paycheck.
- I understand that a pass may not be replaced a third time within a 12-month period.
- I understand that a defective card is replaced at no charge.
- I understand that no fee will be charged for re-enrollment in the program.

Return this form along with your original Metropass (if applicable) to the MBC Administrative Office, Room 105, 350 South Fifth Street, Minneapolis, MN 55415 **by the first Friday of the month** in order for your Metropass to be effective the first day of the following month. If the first is on a Friday, weekend or holiday, it is due the following business day.

Employee Name (please print)	Employee ID Number	Work Telephone Number
Employee Signature		Date
<ul style="list-style-type: none">• <i>By my signature, I request a replacement Metropass for the reason stated above and, if applicable, authorize the MBC to deduct the one-time replacement cost of \$5.00 for from my pay.</i>• <i>You will be notified by email when your Metropass is ready to be picked up in Room 105 (your signature is required).</i> <p><i>Please contact your Supervisor or Nicky.Giancola@municipalbuilding.org if you have questions.</i></p>		