Minneapolis
City of Lakes

Human Resources
250 S. Fourth St. - Room 100
Minneapolis, MN 55415
TEL 612.673.3347
www.minneapolismn.gov

CITY OF MINNEAPOLIS

Appointed Parking Cancellation Form

Employee Name: _____ Employee ID No. _____
(please print)

This request for cancellation should be sent to the Human Resources Benefits office at least 30 days prior to the cancellation date.

Please select a parking ramp: _____ Federal Courthouse Ramp

_____ Jerry Haaf Memorial Ramp

_____ Crown Roller Ramp

Cancellation date: _____

By my signature below, I elect to cancel my contract with the parking ramp selected above. I understand that because payments are mailed to the ramps a month in advance, if an overpayment occurs, I am responsible for obtaining a refund directly from the applicable parking ramp.

_____	_____	_____
Employee Signature	Date	Work Phone Number

You may return your completed form by fax to 612-673-2533,
by email (include a scanned copy of the form) to benefits@minneapolismn.gov,
or by mail to the address listed on the top of this form.