



**Internal Services Department
Parking Operations**
West Lot Building
200 NW 2nd Avenue • Suite 100 • Miami • FL • 33128
Phone: (305) 679-PARK (7275) Fax: 305 579-4597
Email: Parking-Operation@miamidade.gov

OFFICE USE / CANCELLATION RECEIPT	
Date Received:	____/____/____
ISD Staff Signature:	_____
Customer Signature:	_____

**MONTHLY KEY CARD/HANGTAG
CANCELLATION FORM**

NOTE: All cancellations MUST be made in writing. You may either submit a written letter or fill out our official Cancellation Form (available at the Parking Operations Website). Your cancellation request may be emailed at Parking-Operation@miamidade.gov faxed to 305 579-4597 or dropped at our central office.

Parking fees will continue to accrue until written cancellation is received and processed by our office staff.

FIRST NAME/LAST NAME: _____	KEY CARD NUMBER: _____
HOME ADDRESS: _____	CITY: _____ ZIP: _____
PHONE NUMBER: _____	EMAIL: _____
COMPANY NAME: _____	
WORK ADDRESS: _____	CITY: _____ ZIP: _____
WORK PHONE: _____	WORK EMAIL: _____

Vehicle Information	MAKE: _____	MODEL: _____	YEAR: _____
	TAG NUMBER: _____	COLOR: _____	
	County Vehicles Only: COUNTY VEHICLE # _____		
	CHART FIELD: FUND: _____	DEPT: _____	ACCOUNT: _____

MIAMI-DADE COUNTY EMPLOYEES ONLY

___ I AM EMPLOYED WITH MIAMI-DADE COUNTY DEPARTMENT NAME: _____

___ I WILL NO LONGER BE EMPLOYED BY MIAMI-DADE COUNTY

EMPLOYEE I.D. # _____

OFFICE USE ONLY

KEY CARD CANCELLATION DATE: _____ FACILITY ASSIGNED: _____

KEY CARD RETURNED YES ___ NO ___ KEY CARD REFUND AMOUNT: _____

REFUND MAILING ADDRESS:

ADDRESS: _____ CITY: _____ ZIP: _____

COMMENTS: _____