

Internal Services Department **Parking Operations**

West Lot Building
200 N. W. 2nd Avenue • Suite 216 • Miami • FL• 33128
Phone: (305) 679-PARK (7275) Fax: 305 579-4597
Email: Parking-Operation@miamidade.gov

MONTHLY KEY CARD/HANGTAG REPLACEMENT/TRANSFER FORM

Submit this form to request a transfer to another garage/parking location (subject to availability) or to obtain a replacement access card.

NAME/LAST NAME:			KEY CARD NUMBER:		
HOME ADDRESS:			CITY:	ZIP:	
PHONE NUMBER: EMAIL		EMAIL:			
COMPANY NAME:					
WORK ADDRESS:			CITY:	ZIP:	
WORK PHONE: WORK EMAIL: _					
ion	MAKE:	MODEL:		YEAR:	
Vehicle Information	TAG NUMBER:	COLOR:		Y VEHICLE # (County Vehicles Only) EX CODE # (County Vehicles Only)	
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 . MIAMI-DADE COUNTY EMPLOYEE I.D. #					

OLD KEY CARD NUMBER:		TRANSFER OF PARKING FACILITY *			
FACILITY ASSIGNED:					
REPLACEMENT KEY CARD NUMBER:					
FACILITY ASSIGNED:					
KEY (KEY CARD ISSUE DATE:				
REPLACEMENT INDIVIDUAL KEY CARD CHARGES \$5 /\$10 YES NO					
REPLACEMENT MIAMI-DADE COUNTY VEHICLES CHARGES \$15 YES NO				ES NO	
RECE	IPT NUMBER				
AS400 SYSTEM ON					
SMART CARTRIDGE SYSTEM ON					
SECURITY ACCESS LEVEL _					
COMMENTS					