

CITY OF MINNEAPOLIS METROPASS Replacement Request Form

Replacement Request

Please check the reason:

- Lost/Stolen**
- Damaged**
- 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.

- I understand that a \$20 fee will be deducted from a future paycheck for the first replacement of lost, stolen, or damaged pass in a 12-month period and a \$40 fee for the second replacement in a 12-month period.
- I understand that a lost, stolen or damaged pass will not be replaced a third time within a 12-month period.
- I understand that to replace a card due to a name change, a \$20 fee will be deducted from a future paycheck.
- I understand that no fee will be charged to replace a defective card.
- I understand that a temporary pass will be provided until a replacement card is issued.

Return your completed form along with your original Metropass (if applicable) to:

City of Minneapolis
Human Resources – Benefits
Room 100 Public Service Center
250 South 4th Street
Minneapolis, MN 55415-1339

Employee Name (please print)		Dept/Work Telephone Number
Employee ID Number	<i>Tracking Number (completed by Benefits)</i>	<i>Temporary Pass Number (issued by Benefits)</i>
By my signature below, I request a replacement Metropass for the reason stated above and, if applicable, authorize the City to deduct the one-time cost of replacing my Metropass (not to exceed \$40) from my pay.		
Employee Signature		Date

Please contact Benefits at 612-673-3333 or Benefits@minneapolismn.gov if you have questions.