



MTA Permit Cancellation Form

Please complete this form and email it to RRinquiries@lazparking.com

OFFICE USE ONLY

Permit Type: _____

Date Returned: _____

Refund Amount: _____

Permit Holder's Name: _____

Address to Mail Check: _____

if payment was made more than 180 days prior then we must mail a check

Station: _____

Permit Number: _____

Cancellation Date: _____

Reason for Cancellation: (please select one for the refund to be processed)

- Moving
- Job Loss
- Parking at a different
- Retired
- Reduced Travel
- Other- Specify in Comments

Comments: _____

PLEASE NOTE: There is a 30-day notification period required for all refunds. We do not offer partial month refunds. The 30-day period starts on the day we receive the form in our office. The refund will be processed on the last day of the month in which the 30-day notification period ends.