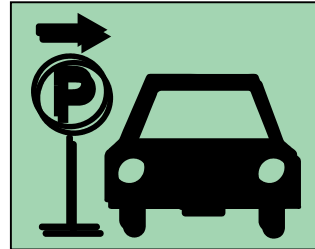




Parking cancellation form



Sample form only. Actual form is available from:



PLANT MANAGEMENT DIVISION

50 Sherburne Avenue, Room G-10
 St. Paul, MN 55155
 651.201.2300

Between the hours of 7:00 a.m. and 4:30 p.m., Monday-Friday

REQUEST FOR PARKING CANCELLATION		
NAME:	CANCEL PARKING IN:	
DEPARTMENT/DIVISION:	LAST DAY OF PARKING:	
<p><i>Your parking contract shall remain in effect until the parking contract is duly canceled and the Parking Identification Tag returned to the Plant Management Division. Charges will continue to incur until the Parking Identification Tag is returned.</i></p>		
TAG NUMBER:		
SIGNATURE:	DATE:	TELEPHONE NUMBER: