

TROY COMMUNITY CENTER
City of Troy Parks and Recreation Department

Recreation Pass Extension/Cancellation/Change Request Form

Last Name _____ Household # _____

Household Members Affected by Change or Cancellation _____

Address _____ Phone Number _____

Current Status: ___Resident ___NR Employee ___Non Res ___Senior ___Low Income ___Disabled

Current Pass Type: ___ Annual ___Annual (Matinee) ___Recreation Pass ___Recreation Pass (Matinee) ___Single Month

Request (Must be made 30 days in advance of billing date)

- Extend Current Membership** – Renew my current pass type as listed above.
- Change Current Status to:** ___Resident ___NR Employee ___NR ___Senior ___Low Income/Disabled
- Change Current Pass Type to:** ___Recreation Pass ___Recreation Pass (Matinee) ___Annual ___Single Month
- Cancel Current Pass and EFT Service** – Only for pass holders enrolled in the EFT service. This request must be received 30 days prior to next EFT transaction.
- Change EFT** – Complete new EFT agreement form and submit 30 days prior to the next EFT transaction.
- Change of Address** – List new address at top of form.
- Medical/Relocation Pass Freeze (\$10)** – A pass freeze is extended to pass holders experiencing health problems or temporary relocation for a minimum of three months to maximum of six months. Proper documentation is required. Freeze to begin and end on 1st of the month.

Start Date _____ **End Date** _____

Reason for Cancellation or Freeze: _____

The City of Troy reserves the right to refuse any request for cancellation.

Customer Signature _____ Date _____

Office Use Only

FEE PAID _____ **Cash** **Check** **Credit Card**
 Taken By _____ Date _____ Approved By _____ Date _____
 Month for Cancellation to Be Effective _____

Notes: