

Metro Mobility Standing Order Change Form

Passenger's Name: _____
Last First Middle Initial

Certification Number: _____ Daytime Phone Number: _____

You may request a standing order change no more than four times a year and there must be at least 45 days between change requests.

What I Have ...

Days of the week: M T W T F S S
circle all that apply

Pick Up Address: _____

Pick Up City: _____

Drop Off Address: _____

Drop Off City: _____

Pick Up Time: _____

Appointment Time: _____

Return Trip? Yes No Time: _____

Phone Numbers at:

Pick up address: _____

Drop off address: _____

What I Want ...

Days of the week: M T W T F S S
circle all that apply

Pick Up Address: _____

Pick Up City: _____

Drop Off Address: _____

Drop Off City: _____

Pick Up Time: _____

Appointment Time: _____

Return Trip? Yes No Time: _____

Phone Numbers at:

Pick up address: _____

Drop off address: _____

Effective Date: _____ Note: Please allow two weeks to process your change.

Additional Comments: _____

Person Completing Form: _____ Phone Number: _____

RETURN COMPLETED FORM TO THE M.M.S.C.

MAIL: Metro Mobility Service Center
390 N. Robert St.
St. Paul, MN 55101

OR

FAX: (651)602-1660

Questions? Call Customer Services at (651)602-1111 voice, (651)221-9886 TTY.