

METRO MOBILITY STANDING ORDER CHANGE FOR

1. Passenger Information (Please type or print)

Last Name_____ First Name_____ 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 FORM via Mail, Email or Fax to

Mail: Metro Mobility
390 N. Robert St.
Saint Paul, MN 55101

Email: metromobility@metc.state.mn.us
Fax: 651.602.1660

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

