



# CANCEL OR CHANGE FORM

**CURRENT PARKING LOCATION: (Please check box of location in which change or cancellation applies)**

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> <b>Trenton Park &amp; Ride</b><br>458 Greenwood Ave.<br>Trenton, NJ 08609<br>(609) 599-3100 | <input type="checkbox"/> <b>Station Plaza</b><br>50 Yard Ave.<br>Trenton, NJ 08609<br>(609) 599-9614 | <input type="checkbox"/> <b>Hamilton</b><br>800 Sloan Ave.<br>Hamilton, NJ 08619<br>(609) 689-9350 | <input type="checkbox"/> <b>Metropark</b><br>100 Middlesex-Essex Tpke.<br>Iselin, NJ 08630<br>(732) 906-1661 | <input type="checkbox"/> <b>Rowan Blvd.</b><br>200 Redmond Ave.<br>Glassboro, NJ 08028<br>(856) 243-5702 |
|--|--|--|--|--|

**Please check one box and then complete Account/Name/Phone/Email and Address section**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> <b>Cancel Account</b> | <input type="checkbox"/> <b>Cancel Automated Payment</b> | <input type="checkbox"/> <b>Cancel Account &amp; Payment</b> | <input type="checkbox"/> <b>Transfer to Wageworks, CommuterCheck or Transit Chek</b> |
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<b>Account #:</b>	<b>Name:</b>	<b>Phone #:</b>
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**Email Address:**

**Address:**

<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
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**UPDATE INFORMATION: (Please check box and complete if section applies)**

**Address:**

<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>
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<b>Phone #:</b>	<b>E-Mail:</b>
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**UPDATE VEHICLE INFORMATION: (Please check box and complete if section applies)**

MAKE	MODEL	COLOR	LICENSE PLATE	STATE

**Customer Signature:**

**Effective Date:**

Please type your name at Customer Signature (above) to approve the Cancel or Change Form; then enter effective date and press the submit button at top right hand corner of screen. Form can also be submitted by email to [customerservice@nexusparkingsystems.com](mailto:customerservice@nexusparkingsystems.com) or fax 800-845-4097. An email confirmation will be sent within 24 hours after receipt of form.

**NEXUS PARKING SYSTEMS REPRESENTATIVES ONLY :**

<input type="checkbox"/> Returned Access Card <input type="checkbox"/> Paid Lost Fee (Access Card Number): _____	<b>Date:</b>
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**NPS Representative Name:**

**Signature:**

**ATTACH ACCESS CARD HERE**