



# Troy Community Center

## Recreation Pass Extension/Cancellation/Change Request Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Primary Email Address \_\_\_\_\_ @ \_\_\_\_\_

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 \_\_\_Passport
- \_\_\_\_\_ (Initial) I have received a copy of the Fitness Passport class schedule.

**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.

List ALL family members to be canceled: \_\_\_\_\_

- 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 1<sup>st</sup> 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

HH# \_\_\_\_\_ Paid \_\_\_\_\_ Cash Check Credit Card Taken By \_\_\_\_\_ Date \_\_\_\_\_

Month for Cancellation to Be Effective \_\_\_\_\_

Notes: