



**REFUND REQUEST FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work Telephone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Amount to be refunded: \$\_\_\_\_\_ Transaction Date:\_\_\_\_\_

Where or how did you purchase your ticket:

- Station: \_\_\_\_\_
- Online Order
- Mail Order

Ticket Type:

- One Way
- Round Trip
- 20 Trip
- Monthly: \_\_\_\_\_

Instant Ticket

- One Way
- Round Trip
- Weekly Pass

Ticket Number: \_\_\_\_\_ Discount Fare: (please check) \_\_\_\_\_Senior \_\_\_\_\_Disabled \_\_\_\_\_Youth

Please state reason for the refund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Office use only*

Approved on: \_\_\_\_\_

By: \_\_\_\_\_

Processed on: \_\_\_\_\_

By: \_\_\_\_\_

Comments:

Credit Card Number	Expiration Date