



Pass Replacement/Refund Request Form

Filling out this form does not guarantee a replacement pass or refund. An incomplete form will delay or prevent processing, which may result in your request being declined.

Customer Information

Customer Name: _____ Company: _____
 Phone: _____ Email: _____
 Address: _____
Street City State Zip

Original Order Details

Order Date: _____ Item(s) Ordered/Quantity: _____
 Serial Number(s): _____
 Amount Paid: _____ Date Paid: _____ Payment Type: _____
 Pass Purchased: Website Retail Outlet GoMobile App Other, explain: _____

Replacement/Refund Request

Choose One: Replacement Pass(es) Refund

Please provide a detailed explanation of why you are requesting a replacement pass/refund: _____

Total Dollar Amount: _____ Total Quantity: _____

Customer Signature: _____ Date: _____

PLEASE SEND COMPLETED FORM TO COMMENTS@RTAFORWARD.ORG.

Internal Use Only

Approved Declined

Requested By: _____	Authorized By: _____	Amount _____	Date Posted _____	Transaction ID: _____
---------------------	----------------------	--------------	-------------------	-----------------------

Type of Pass _____	Quantity _____	Serial Number(s) _____
--------------------	----------------	------------------------