



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: Webiste 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) _____