Please Print Legibly

ATTACH
TICKET(S)
HFRF

I hereby certify that I am the original purchaser of the below described ticket(s). Application for refund is made with the full knowledge that it would be a violation of law for me to obtain a refund on the whole or any part of the ticket(s) on which passage has been obtained whether or not the ticket(s) has (have) been validated to indicate use.

Full	Name:			
			Apt#:	
		State:		
Ema	il Address:			
Daytime phone:			Cell:	
Reas	son for non-use*:			
	eby acknowledge th		ing fee will be appl	ied to each
appl	ication for ticket ref	und submitted.**		
Sian	ature of Applicants			
Sign	ature of Applicant:			
	Ticket Number	Ticket Type	Destination From	Destination To
1.			Destination	Destination
			Destination	Destination
1.			Destination	Destination
1. 2.			Destination	Destination
1. 2. 3.			Destination	Destination
1. 2. 3. 4.			Destination	Destination
1. 2. 3. 4.			Destination	Destination
1. 2. 3. 4. 5.			Destination	Destination
1. 2. 3. 4. 5. 6.			Destination	Destination

Mail all refund requests to: LIRR Ticket Refunds Department Jamaica Station - Mail Code 1410 Jamaica, NY 11435



^{*}Please give as much detail as possible for the reason for non-use of ticket.

^{**}May be waived for approved service disruptions.