

TICKET REFUND FORM

ATTACH TICKET(S) HERE

***PLEASE SUBMIT ALL INFORMATION CLEARLY AND COMPLETEL

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.

This form is for the refund of paper tickets only. All refunds will be processed back to their original form of payment, including but not limited to pre-tax benefit cards. To learn more about ticket refund policies, visit https://new.mta.info/fares/railroad-ticket-refunds

CUSTOMER INFORMATION								
Customer Name			Phone Number					
Address			E-mail Address					
City			State	Zip Code	Date			
REASON FOR REFUND								
Describe Reason for Ticket Return								
I hereby acknowledge that Customer Signature	t a \$10.00 processing fee will be a	pplied to each	application	for ticket refund s	ubmitted* Date Signed			
TICKET INFORI	MATION TICKET NUMBER		CTATION	FDOM .	STATION TO			
	TICKET NOWIBER		STATION	FROM	STATION TO			
1.								
2.								
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9.								
10.								
	vent of severe service disruption nd mail original tickets to	LIK		Refunds De				

Jamaica Station – Mail Code 1410 Jamaica, NY 11435