

SBS FARE MACHINE OUTAGE FORM

Please submit this form when you: (Choose one of the following)

- APPEAR IN PERSON FOR A HEARING at the **Transit Adjudication Bureau 29 Gallatin Place, 3rd Floor Brooklyn, NY 11201** between 8:30 AM and 2:30 PM any business day on or before the hearing date indicated on the summons. Bring this completed form, the summons, and all supporting documents/witnesses you wish to present. (More detailed information is available on the back of the summons.) **OR**
- REQUEST A HEARING BY MAIL by mailing this completed form, the summons, and all supporting documents you wish to be considered to the **Transit Adjudication Bureau P.O. Box 02-9133 Brooklyn, NY 11202-9133** so that it is **received** at TAB on or before the hearing date indicated on the summons. (More detailed information is available on the back of the summons.)

Today's Date _____ Notice of Violation # _____

Date of Incident _____ Time of Incident _____ AM / PM

Name _____
(Print First Name) (Print Last Name)

Address _____ Apt # _____
(Print)

City _____ State _____ Zip Code _____

Select Bus Route _____ Direction of Travel: North South East West
(i.e. Bx12, M15, M34, M34A, B44) (Circle One)

Machine # _____ Machine Bus Stop Location _____
(Print intersection, include both cross streets)

MetroCard Serial # _____ Type of MetroCard _____
(10-digit # on top left corner of Metrocard) (ie. Pay-Per-Ride, 30-day, Reduced Fare, Student)

Mandatory Written Statement for Hearings by Mail: (attach additional pages if necessary)

- All MetroCard fare collection machines were broken at the above stated location
- No receipt was issued after paying fare with a MetroCard (you must include MetroCard Serial #)
- All coin fare collection machines were broken / No receipt was issued after paying in coins

I am providing the following statement to contest my Notice of Violation:

I certify under penalty of perjury that the foregoing statements are true and correct.

 (Signature)