



REQUEST FOR REPLACEMENT CARD

Last Name _____ First Name _____ MI _____
Address _____
City/Town _____
State _____ Zip Code _____ Date of Birth _____
Phone Number _____
Email _____

REASON FOR REQUEST:

- DAMAGED (CRACKED, BROKEN, BENT)
- LOST
- CARD MALFUNCTION (No Damage)

The replacement fee is \$20.00 for a Lost/Stolen and Damaged card.
The replacement fee is waived for a card that is malfunctioning and without any visible damage.

PLEASE enclose card, payment (money order or credit card authorization form) and this application.

I hereby attest that the information provided with this application is true, and I authorize RIPTA to conduct verifications as necessary. I understand that if any statements made on this application form are false or inaccurate, or if any of the attachments have been falsified, I will lose the privileges granted by the Reduced Fare Bus Pass Program and be subject to criminal prosecution for fraud in accordance with Rhode Island State Law.

SIGNATURE _____ DATE _____

PRINT NAME: _____