



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.

1. Please enclose card
2. Enclose \$20.00 payment in the form of a money order or credit/debit card by using the Credit Card Authorization Form on our website.
3. A completed application
4. Mail application to: RIPTA 705 Elmwood Ave, Providence RI 02907 Attention Photo ID.

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: _____