



**Personal Refund Request Form**

PO Box 3858 Portland Maine 04104 Phone: 888-682-7277 Fax: 207-482-8800

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Tag ESN #: \_\_\_\_\_

The eleven digit electronic serial number  
located on your device

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If moving, please list your new contact information:**

Address (please print) \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

**Please check all items you are requesting:**

\_\_\_\_\_ Tag purchase  
Tag must be returned within 90 day of purchase

\_\_\_\_\_ Close my: E-ZPass tag / Account  
Please circle

\_\_\_\_\_ Prepaid Account Balance

\_\_\_\_\_ Other – please explain below

**Reason for refund request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Account Holder:** \_\_\_\_\_

*Your signature is required and acknowledges that you have read and understand that this request is subject to the review of the Maine Turnpike Authority. When possible, approved refunds will be credited to the original payment method. If this is not possible, refunds will be issued by check.*

**Office Use Only:**

Refund Payment Method: Check/CC/Balance

Prepaid Balance \$ \_\_\_\_\_ Tag(s) \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Completed by: \_\_\_\_\_

Date Received \_\_\_\_\_

Approved/Denied By: \_\_\_\_\_