Personal Refund Request Form

2360 Congress Street Portland Maine 04102 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: _____