

Metro-North Railroad

***PLEASE SUBMIT ALL INFORMATION CLEARLY AND COMPLETEL ***

I hereby certify that I am the original purchaser of the below described ticket(s). Application for refund is made with the full knowledge that it would be a violation of law for me to obtain a refund on the whole or any part of the ticket(s) on which passage has been obtained whether or not the ticket(s) has (have) been validated to indicate use.

This form is for the refund of paper tickets only. All refunds will be processed back to their original form of payment, including but not limited to pre-tax benefit cards. To learn more about ticket refund policies, visit https://new.mta.info/fares/railroad-ticket-refunds

CUSTOMER INFORMATION

Customer Name	Phone Number
Address	E-mail Address
City	State Zip Code Date

REASON FOR REFUND

Describe Reason for Ticket Return

I hereby acknowledge that a \$10.00 processing fee will be applied to each application for ticket refund sub	mitted*
Customer Signature	Date S

Date Signed

TICKET INFORMATION

TICKET TYPE	TICKET NUMBER	STATION FROM	STATION TO
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
May be waived in the event of severe service disruptions Print this form and mail original tickets to:			d