



Lost/Stolen Report

Account #: _____ Date: ____/____/____

Account Name: _____

Contact Name: _____

Daytime Phone: (____) _____ - _____ Email Address _____

E-ZPass transponder #: _____ -(One lost/stolen E-ZPass per Lost/Stolen report)

Police Case Number (If applicable): _____ Officer Name: _____ Deadline

Date: ____/____/____

Note: Copy of the police report must be received by the service center within 7 business days.

Date marked Lost/Stolen (Filled in by supervisors only): ____/____/____

Reason For Action and Special Notes

Select one of the following:

- Lost or stolen (\$10 charge per standard, \$20 per Flex)
- Damaged (\$10 charge per standard, \$20 per Flex)
- Lost in Mail (need copy of receipt)
- Police report included

Replacement transponder or to Close your Account:

I am requesting a replacement: No Yes

If Yes, type of transponder requested: Standard Flex

I am requesting my account to be closed No Yes

Replacement transponder #: _____ Replacement transponder Type _____

CSR Name: _____ CSR # _____

OFFICE USE ONLY

Total Charge Processed \$ _____

Balance Due \$ _____

Date of Charge ____/____/____

Processed By _____