



Replacements / Returns

Account #: _____ Date: ____/____/____

Account Name: _____

Contact Name: _____

E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____ - _____

Daytime Phone: (____) _____ - _____

Type of Transponder requested (Standard or Flex) _____

RETURNED TRANSPONDER#	REPLACEMENT TRANSPONDER#	NEW TRANSPONDER TYPE (Standard or Flex)
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Good <input type="checkbox"/> Bad <input type="checkbox"/> #		
Good <input type="checkbox"/> Bad <input type="checkbox"/> #		
Good <input type="checkbox"/> Bad <input type="checkbox"/> #		
Good <input type="checkbox"/> Bad <input type="checkbox"/> #		
Good <input type="checkbox"/> Bad <input type="checkbox"/> #		

CSR Name: _____ CSR#: _____

Date Issued: ____/____/____ Deadline Date (if pending): ____/____/____



****All applications must be signed.****

Signature: _____ **Date:** ____/____/____

IMPORTANT INFORMATION (FOR REPLACEMENTS REQUESTED BY PHONE)

- ◇ If the old transponder is not returned within 15 days from requesting the replacement, you will be assessed a \$10.00 fee per Standard transponder and \$20.00 per Flex transponder.
- ◇ Return the transponder by certified mail to:

E-ZPASS VIRGINIA SERVICE CENTER
P.O. Box 1234
Clifton Forge, VA 24422-1234