REFUND REQUEST FORM

TICKET HOLDER NAME: ____________________________________________

TICKET HOLDER PHONE NUMBER: ________________________________

TICKET TYPE: _________________________________________________

MAILING ADDRESS FOR REFUND: ________________________________

REASON FOR REFUND: _________________________________________

• Unused 10-trip tickets and monthly tickets are refundable by mail only.
• Single trip tickets are refundable by mail, but refunds may also be requested at any SLE ticket window.
• Used 10-trip tickets are NOT refundable.
• Redemption value of unused or partially used monthly tickets is determined based on the calendar day of the month that the ticket is postmarked for refund.

Before Month Begins .................. 100%
Days 1-5 ............................ 75%
Days 6-10 .......................... 50%
Days 11-15 .......................... 25%
Remainder of the Month ............ 0%

For more Details on Refund: http://shorelineeast.com/tickets-and-fares/ticket-types#Refunds

INSTRUCTIONS:

1. Complete all the fields on this form

2. Mail completed form and ticket to:

Amtrak Refunds
Box 70
30th Street Station
2955 Market Street
Philadelphia, PA 19104-2898

Lost, damaged, or stolen tickets are neither refunded nor replaced.