Ticket Vending Machine (TVM) Resolution Form

Today's Date: _____ Transaction # _____ *(agency provided)*

Please fill out as much information as possible to expedite your resolution.

Form of payment: ☐ Credit/Debit
☐ Cash (enter quantity) ____$20 ____$10 ____$5 ____$1 _____ Coins
☐ ORCA #_____

Station: _____ TVM#: _____

Name: _____ Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

ORCA:

☐ New ORCA card did not dispense ☐ Add value to existing ORCA card failed (Card #) _____

Ticket(s) Purchased:

☐ Sounder ☐ Link

Qty	Ticket Type *(adult, youth, etc)*	Unit Price	Origin	Destination	Transaction Date	Ticket Date

Receipt information (if credit/debit card was used for transaction):

Date	Time	Auth #	Bank Ref#	Sales Amt

Name as it appears on credit/debit card: _____

Last 4 digits of credit/debit card: _____ Expiration Date: _____

Please provide any additional information to assist us with a resolution:

Remember to:

1. Complete this form and make a copy of the form and all supporting documents [e.g, ticket(s), receipt(s)] for your records.
2. Visit www.soundtransit.org/contactus or call Customer Service at 1-888-889-6368 for Sound Transit's Ticket Vending Machine resolution guidelines. Note instructions before mailing.
3. Mail this form, applicable ticket(s) and/or receipt(s) to: **Sound Transit, 401 S. Jackson St, Seattle WA 98104 Attn: Customer Service**