Ticket Vending Machine (TVM) Resolution Form

Fields marked with an asterisk (*) are required.

*Station / TVM #: ____________________________  *Date of transaction: ______________________

*Name: ______________________________________  *Address: ________________________________

*City: ____________________________  *State: _______  *ZIP Code: _______

*Phone Number: ____________________________  Email Address: _____________________________

Was this an ORCA transaction?  ☐ Yes  ☐ No

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

*Did you purchase a ticket(s)?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Qty</th>
<th>Ticket Type (adult, youth, etc)</th>
<th>Unit Price</th>
<th>Origin</th>
<th>Destination</th>
<th>Sounder / Link</th>
<th>Ticket Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Do you have a receipt(s)?  ☐ Yes  ☐ No

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Auth #</th>
<th>Bank Ref#</th>
<th>Sales Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Form of payment:  ☐ Cash (enter quantity)  $20  $10  $5  $1  Coins  
☐ Credit/Debit (enter card information below)

Name as it appears on credit/debit card: ___________________________________________

Last 4 digits of credit/debit card: ___________________  Expiration Date: ______________________

*Did you contest this charge with your Bank or Financial institution?  ☐ Yes  ☐ No

*How would you like your refund?  ☐ Replacement Ticket(s)  ☐ Credit/Debit  ☐ Check

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

Remember to:
Mail or drop this form, applicable ticket(s) and/or receipt(s) to: Sound Transit, 401 S. Jackson St, Seattle WA 98104 Attn: Customer Service

(Agency use)
Requested By ____________________________  Sup/Man Approval ____________________________  Date ________________