



Long Island Rail Road



Application for Ticket Refund

**ATTACH
TICKET(S)
HERE**

Please Print Legibly

I hereby certify that I am the original purchaser of the below described ticket(s). Application for refund is made with the full knowledge that it would be a violation of law for me to obtain a refund on the whole or any part of the ticket(s) on which passage has been obtained whether or not the ticket(s) has (have) been validated to indicate use.

Full Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Daytime phone: _____ Cell: _____

Reason for non-use*: _____

I hereby acknowledge that a \$10.00 processing fee will be applied to each application for ticket refund submitted.**

Signature of Applicant: _____

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	Ticket Number	Ticket Type	Destination From	Destination To
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Please give as much detail as possible for the reason for non-use of ticket.

**May be waived for approved service disruptions.

Mail all refund requests to: LIRR Ticket Refunds Department
P.O. Box 350383, Jamaica, NY 11435