



## 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)

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 mail to:

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