

REPLACEMENT CARD REQUEST FORM

Attach Photo Here Or Email Photo to ADAPhoto@ridegrtc.com Attach a color photo to the box at left. Photo should be <u>no smaller than</u> 2"x2".

Photo must be from the shoulders up.

Face must be clearly visible (no sunglasses, or hats that obstruct the face).

Photos cannot be returned.

Note: If you already have a photo on file, it is not necessary to submit another photo.			
Last Name	First Name		Middle Initial
Address	City	State	Zip
Phone Number			
Date of Birth			
000-00			
Social Security Number (last 4 d	igits only)		
Type of Card Requested:Senior Reduced Fai	re	Customer	Number (if known)
Disabled Reduced F	are	Customer	Number (if known)
Minor Reduced Fare	e	Customer	Number (if known)
CARE Paratransit S	ervice	Customer	Number (if known)
Note: Your first photo ID card check or money order payable Customer Service Center GRTC Transit System 301 East Belt Boulevard Richmond, VA 23224 Please allow 10 business days	to GRTC Transit Sys		