

Your New

**GRTC**  
TRANSIT SYSTEM

IT'S TIME TO  
**CONNECT**

Please fill out as much information as you can to help us solve the problem quickly. Normal **processing time** is approximately 20 to 30 days. Occasionally, a Ticket Vending Machine (TVM) breaks down and does not issue a valid pass, receipt or change. You may report the issue online, or print and mail our form.

If you have not received a refund after 30 days, or if you have questions, please email us at [webcustomerservice@ridegrtc.com](mailto:webcustomerservice@ridegrtc.com) or call Customer Service at 804-385-4782.

At the end of the form, you'll have a chance to review your answers and **download a PDF version** with your responses. Please make copies of the form and any supporting documents for your records.

If you would prefer to print out a form and mail it in, please follow this link (link to PDF version of form)

### **Ticket Vending Machine (TVM) Resolution Form**

**Fields marked with an asterisk (\*) are required.**

\*Station / TVM #: \_\_\_\_\_ \*Date/Time of transaction: \_\_\_\_\_  
\*Name: \_\_\_\_\_ \*Your Address: \_\_\_\_\_  
\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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**What problem did you have with the Ticket Vending Machine? \*This question is required.**

- Pass did not dispense
- I was overcharged
- Machine did not give correct change
- Other (please describe below)

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**\*Did you purchase a pass(es)**  Yes  No

<u>Qty</u>	<u>Pass Type (one ride/day/7/30/, reduced)</u>	<u>Unit Price</u>	<u>Origin</u>	<u>Destination</u>	<u>Ticket Date</u>

**\*Did you get a receipt(s)**  Yes  No

<u>Date on receipt</u>	<u>Time</u>	<u>Location</u>	<u>TVM #</u>	<u>Transaction #</u>	<u>Sales Amount</u>

**\*Form of Payment**  Cash (enter quantity) \_\_\_\_\_ \$20 \_\_\_\_\_ \$10 \_\_\_\_\_ \$5 \_\_\_\_\_ \$ \_\_\_\_\_ 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

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

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**(Agency use)**

Requested by: \_\_\_\_\_ Sup/Man Approval: \_\_\_\_\_ Date: \_\_\_\_\_