

PLEASE PRINT
CLEARLY
Date:

OAHU TRANSIT SERVICES, INC.
REQUEST FOR REFUND, EXCHANGE OR ADJUSTMENT



ENGLISH
(Rev. 11/2015)

Name	Last		First		Middle	
Daytime Phone #						
Address	City			State		Zip Code
Please Circle One	Adult	Youth	Visitor	Senior	Disability	Handi-Van
Please Circle One	Refund		Exchange		Adjustment	
Reason for Refund/Exchange/Adjustment						
Print Name						
Customer Signature						
Clerk Signature						
Manager of Customer Service Signature						