(Rev. 11/2015)

OAHU TRANSIT SERVICES, INC.

REQUEST FOR REFUND, EXCHANGE OR ADJUSTMENT

PANAGDAWAT TI REFUND, PANANGISUKAT WENNO ADJUSTMENT

PLEASE PRINT CLEARLY IN ENGLISH **ISURATMO A NALAWAG ITI ENGLISH**

ILOKANO

Date Petsa						
Name Nagan	Last Apelyido		First Umuna		Middle Makintengnga (Apelyido ti Ina)	
Daytime Phone # Telepono (iti aldaw)						
Address Adres			City Siudad	State Estado	Zip Code	
Please Circle One Bilugam ti Maysa	**Adult** Nataengan	**Youth** Agtutubo	**Visitor** Bisita/Sangaili	**Senior** Senior	**Disability** Disabilidad	**Handi-Van** Handi-Van
Please Circle One Bilugam ti Maysa Laeng	**Refund** Refund		**Exchange** Panagisukat		**Adjustment** Adjustment	
Reason for Refund/Exchange/ Adjustment Rason para iti Refund/Panagisukat/ Adjustment						
Print Name Isurat ti Nagan						
Customer Signature Pirma ti Customer						
Clerk Signature Pirma ti Clerk						
Manager of Customer Service Signature Manedyer ti Customer Service Pirma						