

## Service Interruption Reimbursement Form

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Name of Transportation Provider: \_\_\_\_\_

Date of Trip: \_\_\_\_\_

Time of Trip: \_\_\_\_\_

Cost of Trip: \_\_\_\_\_

### Choice of Reimbursement:

\$15 Winco Gift Card

\$15 Safeway Gift Card

\$15 Albertsons Gift Card

\$15 Stored Value on TouchPass Account. TouchPass Account Number \_\_\_\_\_

**Please mail this form with the original receipt from either the taxi company, Uber or Lyft, by June 30, to:**

Lane Transit District  
Attn: Marketing Department  
PO Box 7070  
Springfield, OR 97475

Note: Form must be completely filled out with original receipt attached in order to receive reimbursement. Please allow thirty (30) days for processing.

If you have any questions, please call LTD Customer Service at 541-687-5555.

Thank you for your patience during these times.