

2015 LOST/DAMAGED ECO PASS/GO PASS CLAIM FORM

EMPLOYEE INF	ORMATION					
Name				University employee	Student	
				Hospital employee Postdoc		
Email address				Stanford ID number/Hospital file ID*		
Email addition				Spital ino 15		
Stanford address (room, building, mail code)				Phone		
			()			
Home address						
Are you reporting that	t your Eco Pass/Go Pass was					
			New EcoPass #			
Lost	Damaged					
☐ 1st time ☐ 2nd time ☐ 1st time ☐ 2nd time ☐ 3 or more t				New Go Pass #		
			New GO Fass #			
* not your hadge number.	- your file ID number is on your timecard or p	avcheck stuh				
not your bauge number	- your me ib number is on your timecard or p	ayeneek stub.				
PLEASE READ	AND SIGN:					
 I certify that the information I have given is true and correct. I understand that a copy of this record will be kept on file at Parking & Transportation Services. 						
mansportation Se	ivices.					
2. I understand that the Eco Pass/Go Pass is the property of Stanford University and may not be sold or transferred. Use of my Eco						
Pass/Go Pass by a Penal Code.	anyone other than myself will be cons	sidered theft th	rough appropriation	of lost property pursua	nt to the California	
r char dodc.						
3. I understand that	no refund will be issued for a pass I h	ave purchase	d, even if the origina	I is found after being rep	orted lost.	
4. Stanford employee	es who are caught transferring their G	o Pass and/or	Eco Pass. and indivi	iduals who accept a Go F	Pass and/or Eco Pass	
that was not issue	ed to them, will face confiscation and	potential fines			·	
future passes and	prizes through Parking & Transportat	tion Services.				
Y						
SIGNATURE		DATE				
LOST OR DAM	AGED GO PASS	LOST ECO PASS				
Replacement	Lost	Damaged	Replacement	Lost		
First	\$180.00	\$0.00	First	\$25.00		
Second	\$250.00	\$0.00	Second	\$50.00		
Third or more	No replacement available	\$180.00	Third or more	No replacement available		
OFFICE USE OF	NLY		DAMAGE RE	PLACEMENT - NO	CHARGE	
Replacement Eco Pas	ss/Go Pass issued on (date):	Previous Go Pass #		PLACE		
By: Amount paid: \$			Reason for replacement:		DAMAGED	
Notes:					STICKER HERE	
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