

2016 LOST/DAMAGED ECO PASS/GO PASS CLAIM FORM



LOST/DAMAGED ECO PASS/GO PASS

Revised 11/15

EMPLOYEE INFORMATION	
Name	<input type="checkbox"/> University employee <input type="checkbox"/> Student <input type="checkbox"/> Hospital employee <input type="checkbox"/> Postdoc
Email address	Stanford ID number/Hospital file ID*
Stanford address (room, building, mail code)	Phone ()
Home address	
Are you reporting that your Eco Pass/Go Pass was Lost <input type="checkbox"/> 1st time <input type="checkbox"/> 2nd time Damaged <input type="checkbox"/> 1st time <input type="checkbox"/> 2nd time <input type="checkbox"/> 3 or more times	New EcoPass # _____ New Go Pass # _____

* not your badge number – your file ID number is on your timecard or paycheck 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.
- 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 anyone other than myself will be considered theft through appropriation of lost property pursuant to the California Penal Code.
- I understand that no refund will be issued for a pass I have purchased, even if the original is found after being reported lost.
- Stanford employees who are caught transferring their Go Pass and/or Eco Pass, and individuals who accept a Go Pass and/or Eco Pass that was not issued to them, will face confiscation and potential fines up to \$250 and will immediately forfeit the privilege of receiving future passes and prizes through Parking & Transportation Services.

X _____
 SIGNATURE DATE

LOST OR DAMAGED GO PASS	LOST ECO PASS																				
<table border="1"> <thead> <tr> <th>Replacement</th> <th>Lost</th> <th>Damaged</th> </tr> </thead> <tbody> <tr> <td>First</td> <td>\$190.00</td> <td>\$0.00</td> </tr> <tr> <td>Second</td> <td>\$380.00</td> <td>\$0.00</td> </tr> <tr> <td>Third or more</td> <td>No replacement available</td> <td>\$180.00</td> </tr> </tbody> </table>	Replacement	Lost	Damaged	First	\$190.00	\$0.00	Second	\$380.00	\$0.00	Third or more	No replacement available	\$180.00	<table border="1"> <thead> <tr> <th>Replacement</th> <th>Lost</th> </tr> </thead> <tbody> <tr> <td>First</td> <td>\$25.00</td> </tr> <tr> <td>Second</td> <td>\$50.00</td> </tr> <tr> <td>Third or more</td> <td>No replacement available</td> </tr> </tbody> </table>	Replacement	Lost	First	\$25.00	Second	\$50.00	Third or more	No replacement available
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OFFICE USE ONLY	DAMAGE REPLACEMENT - NO CHARGE																				
Replacement Eco Pass/Go Pass issued on (date): _____ By: _____ Amount paid: \$ _____ Notes: _____ _____ _____	Previous Go Pass # _____ Reason for replacement: _____ _____ <div style="text-align: right;">PLACE DAMAGED STICKER HERE</div>																				