DEFECTIVE CLIPPER CARD

TO BE COMPLETED BY TRANSIT AGENCY PERSONNEL ONLY
VERIFY DEFINITIVELY THAT CARD IS DEFECTIVE

Regional Transit Connection (RTC) Discount ID Card

Today's Date:_____

Cardholder's Name:_____

Cardholder's Date of Birth: _____

My preferred communication method/format is: ☐ U.S. Mail ☐ Braille (mailed) ☐ Via Email

RTC CARD ID NUMBER (not the Clipper serial number):								

Select one of the following options:

☐ Mail card to Transit Agency _____
Provide name of transit agency and mailing address

☐ Mail card directly to cardholder

Mailing address (***Please*** print clearly/legibly)

_____
Number Street Name Apt/Unit #

_____
City State Zip Code

Instructions: *Process as you would a replace/Lost Card. Please complete this form and scan it as the application for the intake.*

Completed by:

_____
Your name

Ver. 2022