**Refund Request**

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| We apologize for your inconvenience. Please fill out the form below and email to: support@indianatollroad.org |  |

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| --- | --- |
| Customer Name |  |
| Phone Number |  |

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| Description of Credit Requisition(attach invoice or other supporting documents) |
| Refund Reason |  |
| Receipt #  |  |
| Email Address |  |
| Date/Time of travel |  |
| Entry Plaza  |  |
| Exit Plaza |  |
| Exit Lane |  |
| Additional Information |  |
| Vehicle Information |
| Make |  | Model |  | Color |  |
| Toll Paid by (Cash/Credit) |  |
| Amount Charged |  |
| Correct Toll |  |
| Requested Refund Amount |  |