

City of New York
Office of Payroll Administration
TransitBenefit Program
One Centre Street, Room 200N
New York, New York 10007

CERTIFICATION

Undelivered, Damaged and Lost or Stolen TransitChek MetroCard

You may bring this form to the Office of Payroll Administration or fax it to us at (212) 669-4383

Employee Name: _____ SSN: _____

Mailing Address: _____
(Inc. Apt.) _____

Agency: _____

Work Address: _____

Home Telephone: _____ Work Telephone: _____

I certify that (*check one*)

- I did not receive my TransitChek MetroCard.
 - My TransitChek MetroCard does not work. (This Certification must be accompanied by your MetroCard) Please explain here _____
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- I lost my TransitChek MetroCard.
- My TransitChek MetroCard was stolen.

I further certify that the information I have provided is accurate and true to the best of my knowledge.
(*check one*)

- I will pick up my replacement TransitChek MetroCard at the Office of Payroll Administration.
- Please mail my TransitChek MetroCard to my home address.

Signature

Date

Office of Payroll Administration Use Only.

Employee ID Number (11 digits) _____

Replacement MetroCard Number (10 digits) _____

Date Replacement Issued _____

Replacement ___ Picked Up ___ Mailed

Issued By _____

Signature _____