



**Caltrain Refund Policy – Caltrain Ticket Vending Machine (TVM)**

Caltrain’s approved refund policy allows for the refund of a Monthly Pass.

An unused Monthly Pass, cancelled prior to the date the pass first became valid, will be refunded for the full fare paid. A Monthly Pass cancelled during the month for which it’s issued will be pro-rated and refunded based on the remaining period of non-use (the value of two one-way fares per weekday up to the date the pass is cancelled). Request your refund from Clipper at 1.877.878.8883 or [www.clippercard.com](http://www.clippercard.com).

One-way, Day Pass, Zone Upgrade tickets and Parking permits are non-refundable. If, through no fault of your own, you experience difficulty while utilizing the Caltrain ticket machine, fill out the appropriate form below and submit for review and consideration.

Customers with Refund Receipts should complete the Caltrain Refund Receipt Form located at [www.caltrain.com/refunds](http://www.caltrain.com/refunds).

**Instructions**

1. Fill out this form completely. Incomplete requests will not be processed and may be returned to the customer.
2. Attach all original tickets, including any additional tickets purchased because of an error. Copies of tickets aren’t accepted, but you may include copies of receipts, if applicable.
3. Mail the completed form, tickets and receipt to the address below within 30 days from the date of purchase. Caltrain will contact you within two weeks with its determination. Please note refund may be issued in the form of a complimentary train ticket.

**Customer Information**

Name:

Address:

City, State, Zip Code:

E-mail\*:

Day phone (with area code):

\* required for credit card customers

**Ticket Information**

Reason for request:

Amount requesting: \$

Ticket type:                      from Zone:              to Zone:

Date and Time of Purchase:

Station:

Specify ticket machine location:

Caltrain Ticket Machine #:

(Please call 1-800-660-4287 for Machine Malfunctions so that we can verify your refund.)

If a credit card was used:      American Express      Discover      MasterCard      Visa

Please list last 8 digits:

Expiration date:

**Customer Experience • P.O. Box 3006 • San Carlos, CA 94070-1306 • 650.622.7858**

Office use only:

Request received:

Determination:

Customer notified: