

**EASY CARD SERVICES  
COMMUTER REDUCED/ TRANSIT MOBILITY/ DISCOUNT FARE  
EASY CARD REPLACEMENT FORM**



Social Security Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

REPLACEMENT CATEGORY  Discount Fare  Commuter Reduced  Transit Mobility

**REPLACEMENT REASON**

Lost Card  1<sup>st</sup> Time \$5  2<sup>nd</sup> Time \$20  3<sup>rd</sup> Time \$50  
Bill Received \_\_\_\_\_

Stolen Card A one time fee waiver applies upon presentation of the police report.  
Police Report Number: \_\_\_\_\_

Damaged Card Serial # \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Replacement by Mail:** Customer must mail the police report or replacement fee due (money order only, no cash or checks) to:

Miami-Dade Transit  
Golden Passport Services  
PO Box 01-9005  
Miami, FL 33101-9005

**OFFICIAL USE ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

New Serial#: \_\_\_\_\_