New York City Transit

SBS FARE MACHINE OUTAGE FORM

Please submit this form when you: (Choose one of the following)

- APPEAR IN PERSON FOR A HEARING at the **Transit Adjudication Bureau 29 Gallatin Place, 3rd Floor Brooklyn, NY 11201 between** 8:30 AM and 2:30 PM any business day on or before the hearing date indicated on the summons. Bring this completed form, the summons, and all supporting documents/witnesses you wish to present. *(More detailed information is available on the back of the summons.)* OR
- REQUEST A HEARING BY MAIL by mailing this completed form, the summons, and all supporting documents you wish to be considered to the **Transit Adjudication Bureau P.O. Box 02-9133 Brooklyn, NY 11202-9133** so that it is **received** at TAB on or before the hearing date indicated on the summons. *(More detailed information is available on the back of the summons.)*

Clear Form

Save Form

Print

Today's Date _____

Date of Incident _____ **Time of Incident** _____ AM ◯ / PM ◯

Name _____
(Print First Name) *(Print Last Name)*

Address _____ Apt# _____
(Print)

City _____ **State** _____ **Zip Code** _____

Select Bus Route _____ **Direction of Travel:** North ◯ South ◯ East ◯ West ◯
(i.e. Bx12, M15, M34, M34A, 844) *(Select One)*

Machine# _____ **Machine Bus Stop Location** _____
(Print intersection, include both cross streets)

MetroCard Serial# _____ **Type of MetroCard** N/A
(10-digit # on top left corner of MetroCard) (i.e. Pay-Per-Ride, 30-day, Reduced Fare, Student)

OMNY Card # _____ **Type of OMNYCard** N/A
(*18 digit # on the back of the OMNY Card*) (*i.e. Standard, Student, Access-A-Ride, Fair Fares*)

Mandatory Written Statement for Hearings by Mail: (attach additional pages if necessary)

☐ All MetroCard fare collection machines were broken at the above stated location

☐ No receipt was issued after paying fare with a MetroCard (you must include MetroCard Serial #/OMNY Card #)

☐ All coin fare collection machines were broken/ No receipt was issued after paying in coins

I am providing the following statement to contest my Notice of Violation:

I certify under penalty of perjury that the foregoing statements are true and correct.

_____
(Signature)