

FasTrak® Customer Service Center
P.O. Box 26898 | San Francisco, CA 94126
877-BAY-TOLL (877-229-8655)
415-974-6356 (FAX)
(+1) 415-486-8655 (Outside the United States)
bayareafastrak.org

	FOR O	FFIC	E USE ON	ILY	
Closing Balance \$_			Total Refu	ınd \$	
Method of Payment:	Cash/Check	Visa	Mastercard	American Express	Discover
CSR Initials	Date	e	Fi	nance Initials	

LICENSE PLATE ACCOUNT CLOSURE

LICENSE PLATE ACCOUNT NUMBER*		
FIRST NAME*	LAST NAME*	
COMPANY		
ADDRESS*		
CITY*	STATE*	ZIP CODE*
PHONE NUMBER (Mobile preferred)	EMAIL*	
AALL REFUND TO (IF DIFFERENT FROM ABOVE): ADDRESS CITY	STATE	ZIP CODE
lote: Refund, if any, will be processed in approximately 30 da		
Moving (New address provided above)	☐ No Longer Need	led
Moving (New address provided above) Death of Account Holder For verification, please include a copy of the death certificate, a copy of the Power of Attorney if an estate has been established, or other documentation (e.g., obituary, funeral pamphlet, etc.). Other (please explain)		ded Service (please explain)
Death of Account Holder For verification, please include a copy of the death certificate, a copy of the Power of Attorney if an estate has been established, or other documentation (e.g., obituary, funeral pamphlet, etc.).	Not Happy with count). signed by the contact lise are no contacts listed, n officer of the company omer Service Center to co	Service (please explain) ted on the account. If there are multiple a letter requesting to close the account

FasTrak: License Plate Account Closure