

SHORELINE EAST MONTHLY/10 TRIP TICKET APPLICATION

SPECIFY:

Monthly Plus	(Includes commuter bus)	
Monthly	(Does not include bus)	
10- Trip Ticket	(Does not include bus)	

I want to begin using Shore Line East Commuter Service starting the month of _____
(Month/Year)

I want to travel between _____ and _____

NAME:

FIRST: _____ **MIDDLE:** _____ **LAST:** _____

MAILING ADDRESS: _____

HOME PHONE: _____ **WORK PHONE:** _____

EMPLOYER: _____

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____ **EXPIRES:** _____

SIGNATURE: _____ **DATE:** _____

Would you like to receive your monthly/10-trip ticket automatically each month () **Yes** **No** ()

Return completed form to:
SLE Monthly Ticket
C/O Amtrak Ticket Office
60 State Street
Meriden, CT 06450

Any changes or cancellations can be made by phone at (203) 773-6190 Monday-Friday 6am-2pm
Fax this completed form to (203) 773-6190

If paying by check please include this completed form and return it to the address listed above. Checks should be made out to "NRPC" and for monthly tickets checks should be received at Amtrak Station by the 15th of each month prior to the month for which the ticket is valid.

For fare information and schedules call Connecticut Commuter Services at 1-800-All-Ride