

## **Toll Invoice Dispute Form**

RIDOT Processing Center RPC PO Box 576, Jamestown, RI 02835

The Rhode Island Department of Transportation has identified you as the responsible party for the attached Toll Invoice. You may appeal all or part of the Toll Invoice in writing, by submitting this form to the RIDOT Processing Center (RPC) within 30 days of each Toll Transaction you dispute. Late disputes or incomplete forms will not be accepted. This Toll Invoice Dispute Form applies only to the invoice number(s) that you have indicated below. (Required Fields\*).

*Name:	*Invoice Nu	umber(s):	
*Address:	*City, State	e, Zip:	
*License Plate/State.:*Tele		phone Number:	
Reason(s) you dispute all or part of supporting your reason, if necessary		c, and attach additional pages or documents	<u> </u>
<ol> <li>CHECK HEREIF YOU         If you have not already conta             your invoice, RIDOT urges you             order to prevent future fees, f             information and is not the pre-     </li> </ol>	UR E-ZPASS ACCOUNT WA acted the Rhode Island E-ZPass ou to please call 1-877-743-9727 fines, or penalties. Please note to ocedure to resolve your dispute. lumber:	customer service center to resolve the issue that led 7 Monday-Friday 9am to 6pm or Saturday 8am to 1pr that this call is to update your <i>E-ZPass</i> account.	
If you have not already conta invoice, please contact the acyour invoice by filling out the	cted an <i>E-ZPass</i> customer servi gency which issued your transpo	N OUT-OF-STATE <i>E-ZPASS</i> AGENCY rice representative to resolve the issue that led to you onder. You are then encouraged to dispute all or part copy of your <i>E-ZPass</i> statement from the time period RIDOT.	of
	JT COMPLETE DOCUMENTAT	T HOLDERS – WE WILL BE UNABLE TO ATTEMPT FION OF YOUR <i>E-ZPASS</i> ACCOUNT ( <i>E-ZPa</i> ss	ТО
*Signature	*Print Name	*Date	
What is the best phone	e number and email addre	ess to contact you?	
Phone:			
Email:			