

1-Year Photo Pass Order Form

First name _____ Middle initial _____ Last name _____

Address/apt. # _____ Daytime phone _____

City _____ State _____ Zip _____

- **If you have an Honored Citizen Photo ID card:** We already have your photo on file, so you can simply mail this form with your payment to TriMet Pass-By-Mail, 701 SW 6th Ave., Ste. 196, Portland, OR 97204 or fax it (if paying by debit/credit card) to 503-962-2482. If you have questions, give us a call at 503-962-2424, option 3.
- **If you do not already have a TriMet photo ID card:** You'll need to have your picture taken at the TriMet Ticket Office at Pioneer Courthouse Square (701 SW 6th Ave., Ste. 196, Portland, OR 97204) before we can issue your pass. The Ticket Office is open Monday-Friday, 8:30 a.m.-5:30 p.m. Submit this form with your payment in person at that time.

Type of Pass	DOB	Price	Handling/ Processing Fee	Total Amount Due
<input type="checkbox"/> Adult 18-64	_____	x \$1,100	+ \$2.50	= \$1,102.50
<input type="checkbox"/> Honored Citizen 65+/Medicare/disability	_____	x \$308	+ \$2.50	= \$310.50
<input type="checkbox"/> Youth 7-17/high school/GED	_____	x \$308	+ \$2.50	= \$310.50
<input type="checkbox"/> LIFT	_____	x \$888	+ \$0	= \$888.00
<input type="checkbox"/> Replacement	_____	x \$20	+ \$0	= \$20.00

I want my pass to begin with the month of _____.

*Note: If you want your pass to begin **next month**, we need to receive this form by the **10th of this month**.*

<input type="checkbox"/> Check or money order Please enclose a check or money order payable to TriMet for the Total Amount Due.	<input type="checkbox"/> Debit/credit card I authorize my debit/credit card to be charged for the Total Amount Due, and agree to pay the charges indicated above according to the Card Issuer Agreement. <input type="checkbox"/> Visa® <input type="checkbox"/> Mastercard® <input type="checkbox"/> Discover® <input type="checkbox"/> American Express® Credit/debit card # _____ Expiration date _____ Name as it appears on card _____ Signature _____ Today's date _____
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I give my consent for TriMet to take and retain a copy of my photograph.

Signature _____ Date _____