



JAN 12, 2023

PENNSYLVANIA TURNPIKE COMMISSION
E-ZPASS CUSTOMER SERVICE CENTER
300 EAST PARK DRIVE
HARRISBURG, PA 17111

Account Number:

14491670

Invoice ID(s):

122098549;

Card Type:

Visa

Card Number:

**** * 2895

Authorization Code:

729002

TOTAL:

\$8.00

Thanks for your payment.

1/12/23
paid online w/ Stephen's card.
SAS

[illegible]



INVOICE

PAST DUE



APPEAL FORM

Note: Appeals may not be processed on past due toll transactions

For your appeal to be considered, you must complete the following steps by 01/12/2023

1. Complete section A or B of the appeal form below.
2. Sign and date the certification at the bottom of the appeal form.
3. Mail this appeal form to the address at the bottom of this page.

SECTION A: E-ZPASS CUSTOMER VERIFICATION

***SAVE TIME – APPEAL ONLINE:** Log in to your Toll By Plate invoice and select “Pay with E-ZPass Account”

- ☐ **Pennsylvania E-ZPass customer:** We will attempt to deduct the toll from your E-ZPass account.
- ☐ **Out of State E-ZPass customer:** Return appeal form with check/money order for the E-ZPass rate displayed on page 2 of invoice.

Please ensure your account has a positive balance and that the vehicle is correctly listed on your account.

Name of E-ZPass Accountholder _____ E-ZPass Account Number _____ E-ZPass Transponder Number _____

Signature of E-ZPass Accountholder _____ Telephone Number _____

SECTION B: CERTIFICATION OF NON-LIABILITY

The undersigned certifies that on the travel date(s) indicated on the invoice, the vehicle bearing the license plate number was:

- ☐ **Not My Vehicle** (Documentation from DMV may be required) ☐ **Incorrectly Identified License Plate**
- ☐ **Stolen** (Police Report Required) ☐ **Other/Written Appeal**

Name _____ Date of theft _____

CERTIFICATION: This section MUST be completed for all Appeal Form Sections (A and B). Unsigned Appeals will not be processed.

I certify that the foregoing statements are true and accurate to the best of my knowledge. I understand that if any of the foregoing statements are willfully false, I am subject to penalties pursuant to Pennsylvania law.

Signature _____ Print Name _____ Date _____

Email Address _____ Phone Number _____

Fold Here



paturnpike.com/pay-a-bill



877.736.6727 (Ph)
717.565.4312 (Fax)

APPEAL REMITTANCE
Return Appeal in envelope provided

Invoice Number: 122098549-2
Account Number: 14491670



01220985492

110-343
LINDY PROPERTY MANAGEMENT LLC
309 YORK RD STE 211
JENKINTOWN PA 19046-3270



PA TURNPIKE
TOLL BY PLATE APPEAL
300 EAST PARK DRIVE
HARRISBURG PA 17111-2729