

TAG RETURN ENVELOPE

MUST BE COMPLETED IN FULL
REFUNDS WILL BE ISSUED TO LICENSED
ACCOUNT HOLDERS ONLY.

Mail to or Drop Off at:

Grosse Ile Bridge Company 18201 Bridge Rd Riverview, MI 48193

REFUNDS WILL BE ISSUED BY MAIL WITHIN 15 BUSINESS DAYS



DATE ___/___/___ BRIDGE PASS #W50 _____ #W50 _____
#W50 _____ #W50 _____

Name: _____
(Last) (First) (M)

Address: _____

City, State, Zip: _____

Phone _____ E-Mail _____

OFFICE USE ONLY

Account Number _____

Tag # returned _____

Tag #'s still in use _____

Employee Initials _____

Posted/Date _____

Tag Deposit's \$ _____

Remaining Account Balance \$ _____

Total Refund Amount \$ _____

Check Number _____/Date _____