

Cheshire West & Chester Council

Cheshire boroughs concessionary fares scheme
Replacement bus pass application form

Title		First name		Middle initial	
Surname					
Address					
				Postcode	
Date of birth					
Telephone number					
Current bus pass number					
Date pass lost					
Date pass stolen					
Crime number					
Signature					

Please ensure you provide the following with your application:

Please tick

<input type="checkbox"/>	Lost or damaged bus pass - the charge for a lost/damaged bus pass is £10. Payment can be made by cheque or credit/debit card. PLEASE NOTE This charge is non-refundable . We do advise that customers that have lost their passes should wait approximately one week before they apply for a replacement pass as their pass could be found within that time frame.
<input type="checkbox"/>	Stolen bus pass - crime reference number issued by the Police. If you cannot provide a crime reference number your application will be treated as a lost pass and you must enclose the fee as stated above.

Completed application forms should be returned in person to:

- Information Centre, 1 The Arcade, Northwich, Cheshire, CW9 5AS
- Ellesmere Port Customer Service Centre, First Floor, Ellesmere Port Library, CH65 0BG
- Council Offices, The Forum, Chester, Cheshire, CH1 2HS
- Neston Library, Parkgate Road, Neston, Cheshire, CH64 6QE
- Princeway Health Centre, 2 Princeway, Frodsham, WA6 6PX
- Wyvern House, The Drummer, Winsford, Cheshire, CW7 1AH

For information on the bus pass and concessionary travel privacy notice visit:
cheshirewestandchester.gov.uk/system-pages/privacy-notices/bus-pass-and-concessionary-travel-privacy-notice

Office opening times, Monday to Friday 8.30am–5pm
Telephone: 0300 123 7025 Email: concessionarytravel@cheshirewestandchester.gov.uk
Please allow 21 days for delivery, if you do not receive your pass within 28 days you must notify the council, failure to do so will result in your pass being treated as a replacement and a fee will be applied.

For office use only

Customer service officer please complete			
Receipt number		Date	
CMS Number			