



ELIA AHADI
222 WALNUT ST
CARLISLE PA 17013-3733

Thank you for traveling the Pennsylvania Turnpike!
This invoice is sent to the vehicle's registered owner for tolls incurred on our roadway.

Invoice Number: **140459908-1**
Invoice Date: **03/17/2025**

Account Number: **6159762**
License Plate: **PA-KGE5573**

Payment Due

\$9.48

Due Date

04/07/2025



Payment Options



SCAN HERE TO PAY ➡



On the web at **paturnpike.com/pay-a-bill**



In cash at local retailers. Go to paturnpike.com/pay-a-bill to get a Pay Slip.



Call 877.736.6727 and say "Toll By Plate"



By mail with payment remittance below



Download PA Toll Pay App
Details pg. 2



Convert to  F-ZPass and Save \$4.74 on this Invoice

Details pg, 2



Page 1 of 3

Payment Remittance must be mailed with check or money order. Send Appeals and Bank Bill Pay with Appeal Remittance. Do not mail Cash or Credit Card Information.

PAYMENT REMITTANCE
(For mailed payments only)

Make Check Payable to PA Turnpike

Refunds will not be issued for overpayments under \$1.00

Invoice Number:	140459908-1
Amount Due:	\$9.48
Payment Due Date:	04/07/2025
Account Number:	6159762
Amount Paid:	\$ _____

ELIA AHADI
222 WALNUT ST
CARLISLE PA 17013-3733

PA TURNPIKE TOLL BY PLATE
PO BOX 645631
PITTSBURGH PA 15264-5254

[illegible]



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 4/7/2025

1. Complete section A, B or C 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.

Failure to send the required information within 30 days of the original invoice date will render the owner, lessor or rental agent liable for the total amount due.

SECTION A: E-ZPASS CUSTOMER VERIFICATION

- ☐ **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** ☐ **Other/Written Appeal**
- ☐ **Leased or Rented** (Lease/Rental agreement required) ☐ **Stolen** (Police Report Required)

Lessee/Renter Information:

Name

Date of theft or execution of lease agreement

Street Address

City

State

Zip

SECTION C: OVERCOMING INFERENCE OF OWNER LIABILITY

The owner of the vehicle is inferred to be the operator at the time of the travel. In order to overcome the inference, the vehicle owner must provide a written statement with the following information:

- The vehicle owner was not operating the vehicle at the time of travel, and
- The name and residence address of the person operating the vehicle at the time of travel.

CERTIFICATION: This section MUST be completed for all Appeal Form Sections (A, B and C). 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



paturndpike.com/pay-a-bill



877.736.6727 (Ph)
717.565.4312 (Fax)

APPEAL REMITTANCE

Return Appeal in envelope provided

Invoice Number:
Account Number:

Fold Here
140459908-1
6159762



1404599081

ELIA AHADI
222 WALNUT ST
CARLISLE PA 17013-3733

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