REGISTRATION FOR DIAL-A-RIDE SERVICES/REDUCED FARE PROGRAM

Rider Name: ________________________________________________________________

Last     First     Middle

Home Address: ____________________________________   City: _______________________

Phone Number(s): ______________________________________________________________

Home    Cell    Work

Check any that apply:  □ Senior (65+)   □ Disabled   □ General Public

□ Registering for Reduced Fare Program (requires verification of qualification)

Do you require a Personal Care Attendant to travel with you in order to successfully complete a trip? Yes_____  No_____  Certain Trips_____

Do you use a mobility device? (Wheelchair, scooter, etc.): Yes_____  No_____  

Specify Type: ___________________________________________________________________

Emergency contact information:

Name:_____________________________________________ Phone Number:______________

A signature below is an acknowledgement of reading and understanding the Dial-A-Ride User Guide:

Registrant Signature______________________________ Date:_______________________