



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: _____