

Processed by:

CITY OF GLENDORA, TRANSPORTATION DIVISION

Date:

DIAL-A-RIDE REGISTRATION

SENIOR (OVER AGE 62)

If you are under 62 years of age, you must complete the registration form for persons with disabilities and have it verified by a physician to indicate that you are not able to independently use regular fixed route transit (Foothill Transit, Metro, etc.).

| PLEASE CHECK ONE: New application | ☐ Change of in | nformation | |
|---|--------------------------------|----------------|----------------------|
| GENERAL INFORMATION | | | |
| Name: | Date of Birth: □ Male □ Female | | |
| Address: | A _l | pt/Unit #: | ZIP Code: |
| Type of Residence: ☐ House ☐ Apartment | | | |
| Home Phone: | | | |
| E-Mail: | | our scrieduled | indes! Lifes Lino |
| Disabled: □ No □ Yes Please Explain: | | | |
| MOBILITY Description of the fellowing week life de | sissa 2 (Obsak al | I that anythin | |
| Do you use any of the following mobility de | • | | aaaa aynlain halayy) |
| □ Cane □ Walker □ Wheelchair | □ Scoolei | Li Other (Pi | ease explain below) |
| Do you travel with a care companion? ☐ No ☐ Yes ☐ Sometimes | | | |
| EMERGENCY CONTACT INFORMATION | | | |
| Name: | _ Relationship: | P | hone #: |
| Applicant Signature: | | | Date: |
| | | | |
| Please check that you included the follow ☐ Picture I.D. with date of birth ☐ Proof | | | • |
| Submit application and supporting documents of the support of the | | /e, Glendora, | CA 91741 |
| | | | |
| OFFICE USE ONLY: I.D. Address | s verified 🗖 Supp | lemental Regis | stration approved |