Glendora Transportation Registration Form

I.	GENERAL INFORMATION				
	DATE: BIRTH DATE:			····	
	NAME:		AGE:		
	ADDRESS:				
	TELEPHONE NUMBE	:R:		· · · · · · · · · · · · · · · · · · ·	
II.	EMERGENCY CONTACT				
	Please provide us with someone to contact in case of an emergency:				
	EMERGENCY CONTACT PERSON:				
	TELEPHONE NUMBE	:R:			
III.	DISABILITY- Please note: All ADA (American Disability Act) qualified applicants (less than 55 yea age) must submit documentation with the application. (A doctor's note indicating disability and the need to use alternative transportation is mandatory.)				
	ARE YOU DISABLED	? YES	NO		
	IF YES, DO YOU USE ANY OF THE FOLLOWING?				
	WHEELCHAII	R	SCOOTER		
	CRUTCHES		WALKER		
	AIDE				
	OTHER (PLE	ASE EXPLAIN)			
	IS DISABILITY:	PERMANENT	TEMPORARY _		
IV.	HOW DID YOU HEAR	ABOUT US?			
APPLICATION SIGNATURE/ Person making call DATE					
OFFIC		ND WE WILL UPDAT	N THIS APPLICATION, E OUR RECORDS BY T		
Please mail completed registration form and pertinent materials to:					
City of Glendora-Community Services Department Transportation Division 410 E. Dalton Glendora, CA 91741					

Office Use Only
Date Received: _____ Input Date: _____ Name: _____