



Passenger Transportation Information

This form must be completed and returned to Avon Lake Community Transportation Service,
750 Avon Belden Road, Avon Lake 44012, prior to first transport.

PLEASE PRINT

Rider Name _____
(Last) (First) (Middle)

Street Address _____

Phone Numbers _____
(Home) (Cell)

Birth Date _____

EMERGENCY CONTACTS (at least one must live locally)

Name _____
(Last) (First) (Middle)

Relationship _____

Address _____
(Number) (Street)

(City) (State) (Zip)

Phone Numbers _____
(Home/Cell) (Work)

Name _____
(Last) (First) (Middle)

Relationship _____

Address _____
(Number) (Street)

(City) (State) (Zip)

Phone Numbers _____
(Home/Cell) (Work)

MEDICAL INFORMATION

Please list use of any assistive equipment (wheelchair, walker, cane, oxygen, etc.). We are unable to accommodate motorized chairs or scooters.

Primary Physician's Name _____

Phone Number _____

ESCORT INFORMATION

Passenger must provide own escort, if needed. Avon Lake Community Transportation reserves the right to request passenger to have an escort.

Escort Name _____
(Last) (First) (Middle)

Address _____
(Number) (Street)

(City) (State) (Zip)

Phone Numbers _____
(Home) (Cell)

Birth Date _____

By your signature, you indicate that you are accepting these services in good faith and release the City of Avon Lake and Avon Lake Community Transportation and its agents and its representatives from liability or responsibility now and in the future.

I have read/reviewed thoroughly and understand the Avon Lake Community Transportation Policy and Procedure brochure.

(Signature)

(Date)

OFFICE USE ONLY	Renewal	New	Escort Required
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