

PASSENGER TRANSPORTATION INFORMATION

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

NAME: _____ PHONE: _____

ADDRESS: _____ BIRTH DATE: _____

EMERGENCY CONTACTS at least one must live locally:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Home/Cell Phone: _____	Home/Cell Phone: _____
Work Phone: _____	Work Phone: _____

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: _____

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

ESCORT INFORMATION:

Name: _____	Phone: _____
Address: _____	

Relationship: _____	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
