

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.):

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