

Paulding Transit Van Rider's Application

Please Print

Do not include Transportation Request

If you need assistance completing this form, please call 770)443-8873

**Mail Application to: Paulding Transit
54 Industrial Way N.
Dallas, GA 30132
Or
Fax to: 770)443-3227**

Date of Application: _____

Name: _____ **Male:** _____ **Female:** _____

Address: _____ **City:** _____ **Zip:** _____

Telephone (Home): _____ **Work:** _____ **Cell:** _____

Directions: _____

Date of Birth: _____

Ethnicity: ___ African American, ___ American Indian, ___ Asian/Pacific Islander,
___ Hispanic, ___ Other, ___ Unknown, ___ White

Language: ___ English, ___ Chinese, ___ French, ___ German, ___ Japanese, ___ Spanish.

Emergency Contact Information:

Name: _____ **Phone:** _____ **Relationship:** _____

Please Check Any Mobility Limitations You Have:

No Mobility Impairments: _____ **Wheelchair:** _____ **Crutches:** _____

Visually Impaired: _____

Disability/ Illness: _____

LE. Seizures, Heart Problems, Blood Pressure, ect.

Medical Authorization Release

Physician's Name: _____

Physician's Address: _____ **Phone:** _____

I have received and read the Paulding Transit Passenger policies; I understand each policy and agree to abide by them. I certify to the best of my knowledge, the information is true and correct. I understand that if I have submitted any false information; and ADA eligibility status will be revoked immediately.

Signed: _____ **Date:** _____

