

WABASH COUNTY TRANSIT REGISTRATION FORM

SOME OF THIS INFORMATION IS ASKED FOR GRANT PURPOSED, PLEASE SELF-DECLARE

PERSONAL INFORMATION

1. NAME _____

2. ADDRESS 1 _____

3. ADDRESS 2 _____

4. CITY _____

5. CONTACT NUMBERS HOME _____

CELL _____

EMERGENCY _____

6. DATE OF BIRTH _____

7. GENDER _____

8. MARITAL STATUS _____

9. USUAL LIVING ARRANGEMENT _____

10. RACE _____

11. INCOME _____

12. EMAIL _____

13. DO YOU USE A WHEELCHAIR, WALKER OR ANY MOBILITY DEVICE
OR DO YOU HAVE ANY OTHER SPECIAL NEEDS (PLEASE EXPLAIN)

14. WHEELCHAIR WIDTH _____

15. WILL SOMEONE JOIN ON THE TRIP, IF SO, PLEASE SPECIFY

16. WILL A SERVICE ANIMAL JOIN ON THE TRIP, IF SO,
PLEASE SPECIFY _____

17. COMMENTS: _____



ANTICIPATED FIRST RIDE _____