

GWTD DIAL-A-RIDE SERVICE APPLICATION

WTN

For Office Use Only

MUNICIPALITY: Watertown

Name: _____

(Please Print)

Male:

Female:

Senior 60+

Disabled

Senior w/Disability

(Please Select One)

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: () _____ TDD/RelayNo: _____

Date of Birth: _____

(MM/DD/YR)

Do you use mobility aids?

Yes

No

If Yes-TYPE

Do you need information on alternative format?

Yes

No

Alternate Format:

Emergency Contact: _____

Relationship: _____ Phone No.: () _____

Signature: _____ Date: _____