

**Town of Watertown Transportation Services Application
(Please Print)**

Your Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Date of Birth: _____

Primary Care Doctor (Name & Phone #): _____

Emergency Contacts (List Two):

Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____

Name: _____

Address: _____

Phone Number: _____ Cell Phone: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" IN THE APPROPRIATE BOX.

1. Do you use a cane? Yes No

2. Do you use a walker? Yes No

3. Do you use a wheelchair? Yes No

4. Do you have other medical conditions? Yes No

If "Yes" please explain:

I understand that senior bus service is curb to curb and drivers are not allowed to provide hands-on assistance, carry personal items or shopping bags or transport me to an unscheduled destination. I understand that if I am unable to enter or exit the bus without assistance, I will travel with an aide. I understand that bus reservations must be made the morning before the ride is needed. Call 860-945-5250 to schedule a ride. Reservations are accepted Monday – Thursday from 8:30 a.m. to 12:30 p.m. and on Fridays from 8:30 a.m. to 11:30 a.m.

I have read the attached Bus Policies and Procedures, agree to abide by them and have kept a copy for personal reference.

Signature: _____ Date: _____