

# 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 (Please List Two):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please answer the following questions by placing an 'X' on the appropriate line.

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-Friday from 8:30am-11:30am.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_