

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: _____