



Application for Transportation Residents 60 and over

Name _____
Address _____
Date of Birth _____ Telephone # _____
Standard Card # _____ Handicap Card # _____
Reason for Transportation: _____

Wheelchair Bound Memory Loss
 Sight Other
 I am able to travel independently with minimal assistance in boarding or leaving the vehicle.
 I require a companion to assist me to or from my destination.

My companion(s) will be _____
I agree to accompany and be responsible, door to door, for the above applicant.

Signature: _____ Date: _____

Waiver and Receipt

In consideration of receiving transportation in vehicles operated by the City of Brecksville, it's employees and/or agents, I hereby voluntarily waive and release any and all claims and/or causes of action that may arise in connection with said transportation. I acknowledge receipt of "Rules and Regulations for Transportation".

Applicant's Signature: _____ Date: _____

In case of emergency, please contact:

Name _____
Address _____
City, State, Zip _____
Telephone _____ Work _____

If person lives out of town, please supply a local contact:

Name _____
Address _____
City, State, Zip _____
Telephone _____ Work _____