

Pleasanton Paratransit Service Client Registration Form

MAIL TO: Pleasanton Paratransit Service
5353 Sunol Blvd.
Pleasanton, CA 94566

Phone No. 925-931-5376
Fax No. 925-485-3685
Hours 9:00 AM to 3:00 PM

Last Name _____ First Name _____ MI _____

Mr. _____ Ms. _____ Mrs. _____ Dr. _____ Birth Date ____/____/____

Address _____ Phone No. _____

_____ Emergency No. _____

City _____ Message No. _____

State _____ Zip _____

Check ALL that apply to you:

_____ Wheelchair _____ Need to use lift _____ Need an escort when traveling

In case of emergency, we should contact: Phone No.(s) _____

Name _____

Describe any physical or mental condition, which prevent your use of public transit:

I affirm under penalty of perjury that the statements on this form are true to the best of my knowledge and belief.

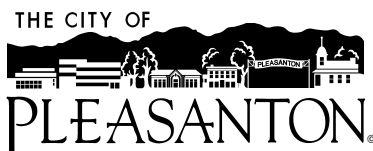
Client or Guardian Signature

Date

OFFICE USE ONLY: Do not write in this section

ID No.

Zone



_____ Ambulatory

_____ Stroke

_____ A.D.A.

_____ Wheelchair

_____ Alzheimers

_____ Other

_____ Walker

_____ Dialysis

_____ Elderly

_____ Sight Disability