

Dublin Center Senior Transportation
685 Union Lake Road
White Lake Township, MI 48386
Reservations: 248-698-3994

APPLICATION FOR SENIOR TRANSPORTATION
White Lake Township-Commerce Township-Wolverine Lake Village

This application is required for all riders prior to using the transportation program.

***NOTE: Disabled riders under 55 must have a physician complete and sign the disability certificate on the back of this form.

Name _____ Phone _____

Address _____ Apt. Bldg. No. _____

Township or Village _____ ZIP _____

Main Crossroads _____

Special Instructions _____

Birth Date _____ Race _____ (Statistical purposes only)

EMERGENCY CONTACT

Name _____ Relationship _____

Cell Phone: _____ Work: _____ Home: _____

MEDICAL INFORMATION

Primary Physician _____ Phone _____

Address _____

List all medical information that drivers need to be aware of such as pacemakers, heart conditions, wheelchair user, walker, diabetes, medications, etc.:

Do you require a wheelchair lift? Circle one: **YES** / **NO**

I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS REGARDING THE USE OF THE WHITE LAKE/COMMERCE/WOLVERINE LAKE SENIOR TRANSPORTATION PROGRAM. BY SIGNING THIS FORM I ACKNOWLEDGE THAT I WILL FOLLOW THE RULES AND REGULATIONS OF SCHEDULING AND RIDING THE SENIOR VEHICLES.

Please sign: _____ **Date** _____

FOR DISABLED RIDERS UNDER AGE 55 YEARS:

The individual named on the front of this form has a disability which in my opinion makes them a mobility-disabled individual.

The disability is (check one):

Permanent: _____

Temporary: _____ for a period of: _____

Signature of Physician

Date

Printed name of Physician

Full address and phone number of Physician