

2023 WOTA Registration Passenger Information

Send to: WOTA, 250 W. Livingston Rd., Highland, MI 48357 or email to: info@rideWOTA.org Office Phone: (248) 887-4979

Name: _____ Today's Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Township: _____ Home Ph: _____ Cell Ph: _____

Email: _____ Age: _____ Date of Birth: _____

Disability? ___ Explain (wheelchair, walker, hearing, vision, etc.): _____

Emergency contact: _____ Relationship: _____

Ph Number(s): _____

Address: _____ City: _____ St: _____ Zip: _____

Companion Rider* (18yrs+): _____ *All companion riders must complete a registration.

Select All that Apply	Mobility Device ⁺	Race (for funding purposes)	Veteran
<input type="checkbox"/> Senior (55+)	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> African American	<input type="checkbox"/> Yes
<input type="checkbox"/> Disability*	<input type="checkbox"/> XL Wheelchair	<input type="checkbox"/> Asian	<input type="checkbox"/> No
<input type="checkbox"/> Low Income	<input type="checkbox"/> Scooter	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Minor (<18)	<input type="checkbox"/> Walker	<input type="checkbox"/> White	
<input type="checkbox"/> Companion Rider	<input type="checkbox"/> Require a lift?	<input type="checkbox"/> Other	
<input type="checkbox"/> Service Animal			

*ALL WITH DISABILITIES MUST SUBMIT PROFESSIONAL VERIFICATION FORM WITHIN 60 DAYS

⁺ MOBILITY DEVICES CANNOT WEIGH MORE THAN 850 LBS INCLUDING THE PASSENGER, OR EXCEED 33 INCHES WIDE

____ I have included a copy of a driver's license, state ID or utility bill, etc. in my name or other proof of residency with this form (no junk mail).

____ I certify that the above information is correct, and the address is where I reside, and I understand that submitting false information is just cause for refusal of service.

For promotional and historical purposes, we occasionally take pictures of the riders/vehicles/drivers, by signing this form you consent to us using your picture. If you don't want your picture used check ___NO.

I have read and understand the rules and regulations regarding the use of transportation through the Western Oakland Transportation Authority (WOTA). By signing this form, I acknowledge I will follow the rules and regulations of scheduling and riding the organization's vehicles.

Signature of Rider

Date