



Application for Transportation Residents 60 and over

Name _____

Address _____

Date of Birth _____ Telephone # _____

Reason for Transportation: _____

Wheelchair Use

Memory Loss

Vision Impaired

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 will be _____
I agree to accompany and be responsible, door to door, for the above applicant.

Companion Signature: _____ Date: _____

Waiver and Receipt

In consideration of receiving transportation in vehicles operated by the City of Brecksville, its 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". I understand that the director may terminate my transportation privileges because of unsatisfactory behavior.

Applicant's Signature: _____ Date: _____

In case of emergency, please contact:

Name _____

Address _____

City, State, Zip _____

Telephone _____ Work _____ Cell _____

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

Name _____

Address _____

City, State, Zip _____

Telephone _____ Work _____ Cell _____