

# Casper Area Transit

## Assist Registration



Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Pickup Address: \_\_\_\_\_ Apartment/Building: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ ☐ M ☐ F ☐ Other Race: \_\_\_\_\_ (Optional)

Email Address: \_\_\_\_\_

Would you like a text message letting you know about your upcoming ride? ☐ Yes ☐ No

### Limitations:

☐ Visually ☐ Hearing ☐ Mentally ☐ Other \_\_\_\_\_

☐ Manual Wheelchair ☐ Power Wheelchair ☐ Walker/Cane ☐ Service Animals ☐ Osteoporosis

Will you need the lift? ☐ Yes ☐ No

### Eligibility:

☐ Elderly ☐ Disabled ☐ General Public ☐ Child (12 & Under)

### Emergency Contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

I certify that the above statements are true and correct to the best of my knowledge. I understand that supplying false information can disqualify my application and/or subsequent registration.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY

Type of Verification: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_