

**TOWN OF GLASTONBURY DIAL-A-RIDE PROGRAM
APPLICATION FOR DISABLED RIDERS**

TO BE FILLED OUT BY APPLICANT

LAST NAME _____ **FIRST NAME** _____

STREET ADDRESS _____ **APT/HOUSE #** _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE # _____

DATE OF BIRTH _____

CONTACT PERSON IN THE EVENT OF AN EMERGENCY

NAME _____ **PHONE #** _____

ADDRESS _____ **RELATION** _____

TO BE COMPLETED BY YOUR PHYSICIAN

TOWN POLICY FOR RIDERS OVER THE AGE OF 18, BUT YOUNGER THAN 60:

Certification is required of a medical disability that is permanently and/or totally disabling thus preventing the individual from operating a motor vehicle.

PHYSICIANS STATEMENT AS TO APPLICANT'S DISABILITY:

_____ **HAS A PERMANENT
DISABILITY AND IS ELIGIBLE FOR DIAL-A-RIDE.**

Physician's Signature:

Date:

Physician's name & address:

Card # _____