



# Dial-A-Ride Application

**Return applications to 40 Dyer Ave, Canton, CT 06019**

**Checks or money orders for \$50 per person or \$100 per couple must be made out to Town of Canton**

**Ridership access will be valid from September 1<sup>st</sup> 2024 – August 31<sup>st</sup> 2025**

**Please call Senior & Social Services at 860-693-5811 if you need assistance or have questions about your renewal.**

<b>Contact Information</b>	
<b>Name</b>	<b>Date of Birth</b>
<b>Address</b>	<b>Email</b>
<b>Phone</b>	<b>Phone</b>
<b>Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Service Animal <input type="checkbox"/> Aide <input type="checkbox"/> Disability _____</b>	
<b>Race: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Latino <input type="checkbox"/> Other _____</b>	
<b>Person to Notify in Case of Emergency</b>	
<b>Name</b>	
<b>Relationship</b>	
<b>Street Address</b>	
<b>City, State, Zip Code</b>	
<b>Phone</b>	

**Signature of Enrollee(s):**

X \_\_\_\_\_

X \_\_\_\_\_

**By signing above, I have read the town of Canton's Transportation Policy & Procedures & agree to abide by these rules & regulations.**



**For Office Use:** Fee Received  Yes  No Amount \$ \_\_\_\_\_

Check Number: \_\_\_\_\_ Money Order Number: \_\_\_\_\_ Cash: \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Entered into System \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_

Expiration Date: **8/31/2025**