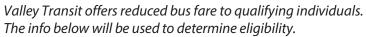
## REDUCED FARE APPLICATION





APPLICANT: First & Las	st Name:		
Address, City, ZIP:			
Phone:	Email address:		
ID or proof. If you check	v are used to determine eligi	our impairment is per	e and be prepared to provide applicable manent or temporary. Your application
<ol> <li>Age 65 or over (</li> <li>Medicare Card (</li> <li>VT II ADA Certification</li> <li>Physical or Menibelow:</li> <li>those individuals who, disability, including those without special facilities or who are not so affected".</li> </ol>	by reason of illness, injury, age, co who are non-ambulatory wheelch special planning or design to util	e:// Fard not accepted)  ederal Transit Administ  congenital malfunction, or of the condition and those with lize mass transportation factors.	
activities of such individua include, but are not limited and work.	; a record of such an impairment; d to, caring for one's self, performi	; or being regarded as havi ing manual tasks, walking,	ng such an impairment". Major life activities seeing, hearing, speaking, breathing, learning, /(MM/DD/YYYY)
only. Lending the ID Car	n on this application is true a	person may result in t	duced fare will be used by the Applican he loss of the reduced fare privilege. (3 n, or destroyed.
Applicant Signature:		Date:	
801 S Whitman Ave, Ap	pleton during office hours (	(Monday - Friday, 8:00	o Valley Transit's administrative office and AM-5:00 PM). Incomplete applications all (920) 832-5800 to make alternative
	n offers discounted bus fare yment options below. Furthe	•	sGo fare collection system. Please d by Valley Transit.
	app download is required)(		
Office Use Only:	J Yes □ No If "Yes," why is a re		
	ID Card Number:		