



## GENERAL PUBLIC DIAL-A-RIDE FORM

**Office use:**

Client # \_\_\_\_\_

Expiration: \_\_\_\_\_

Entered by: \_\_\_\_\_

PLEASE PRINT:

Name: \_\_\_\_\_  
Last First

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(if different)  
\_\_\_\_\_

Name of facility or apartment building: \_\_\_\_\_  
(if applicable)

Primary Ph#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT

Emergency Contact Person: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Emergency phone Primary: \_\_\_\_\_ Other: \_\_\_\_\_

**MAIL TO:**

Canby Area Transit  
195 S Hazel Dell Way  
Canby OR 97013  
Attn: Transit Coordinator

**EMAIL OR FAX TO:**

CAT@canbyareatransit.org  
FAX: (503) 263-6284

**Please note:** If you require mobility devices, have vision or hearing impairments or other potential ADA qualifying conditions, please contact our office to apply for a Complementary Paratransit Dial-A-Ride Application. Thank you!