



The Corporation of the Town of New Tecumseth

Community Transportation Program
CONVENTIONAL TRANSPORTATION SERVICES

PASSENGER REGISTRATION APPLICATION

PLEASE PRINT CLEARLY

Surname First Name Mr. Mrs. Miss Ms.

Street Address Apt. Suite Unit

Mailing Address (if different from above)

Town/Village Postal Code

Date of Birth (dd/mm/yy) Home Telephone Number Business Telephone Number

Contact Person (in case of emergency) Contact's Telephone Number

Signature of Applicant Date of Application (dd/mm/yy)

Do you have any mobility restrictions? Yes No

Do you use any aids to assist you in walking, please specify? (e.g. cane, walker, crutches, etc.)

Please list three (3) frequent addresses that you will be transported to? (e.g. doctor, medical procedures, grocery shopping)

Return completed application to: Town of New Tecumseth, 10 Wellington St. E., Alliston, ON L9R 1A1

Note: Personal information contained on this form is collected under the authority of the Municipal Act, R.S.O. 1990 and will be used to determine eligibility for the Community Transportation Program and for the purpose of maintaining a registry of participants in the program.