

2023 WOTA Registration Passenger Information

Send to: WOTA, 250 W. Livingston Rd., Highland, MI 48357 or email to: info@rideWOTA.org Office Phone: (248) 887-4979

Name: _____ Today's Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Township: _____ Home Ph: _____ Cell Ph: _____

Email: _____ Age: _____ Date of Birth: _____

Disability? ___ Explain (wheelchair, walker, hearing, vision, etc.): _____

Emergency contact: _____ Relationship: _____

Ph Number(s): _____

Address: _____ City: _____ St: _____ Zip: _____

Primary Physician: _____ Ph Number: _____

Companion Rider* (18yrs+): _____ *A companion rider must also complete a registration.

Please select ALL that Apply: Senior Citizen (55+): Disability⁺: Companion Rider: Service Animal: (+ALL WITH DISABILITIES MUST SUBMIT PROFESSIONAL VERIFICATION FORM WITHIN 60 DAYS)

Mobility Devices: Do you need the lift? Wheelchair: XL Wheelchair (include measurements) **: _____

Scooter: Walker: **MOBILITY DEVICES CANNOT WEIGH MORE THAN 850 LBS **INCLUDING** THE PASSENGER, OR EXCEED 33 INCHES WIDE

Race: African American Asian Hispanic White Other **Veteran:** Yes No

Are you a client of Hospitality House or Open Door? If so, please indicate which one: _____

____ I have included a copy of a driver's license, state ID or utility bill, etc. in my name or other proof of residency with this form (no junk mail).

____ I certify that the above information is correct, and the address is where I reside, and I understand that submitting false information is just cause for refusal of service.

PLEASE NOTE: Based on the status of our riders, if you are a regular rider and you are scheduled but you do not call to cancel your ride, you do not answer your phone and nor do you come out when the driver arrives, we reserve the right to call for a non-emergent welfare check to ensure your safety and well-being.

For promotional and historical purposes, we occasionally take pictures of the riders/buses/drivers, by signing this form you consent to us using your picture. If you don't want your picture used check ____ NO.

I have read and understand the rules and regulations regarding the use of transportation through the Western Oakland Transportation Authority (WOTA). By signing this form, I acknowledge I will follow the rules and regulations of scheduling and riding the organization's vehicles.

Signature of Rider

Date