

WOTA Registration Passenger Information

Send to: WOTA, 205 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: _____

Disabled?: _____ Explain: _____

In case of emergency, contact: _____ Relationship: _____

PH Number(s): _____

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

Primary Physician: _____ PH Number: _____

Companion Rider (18yrs+): _____ Date of Birth: _____ (Need Form)

Please select all that Apply: Senior Citizen (55+): _____ Disabled Person: _____ Companion Rider: _____

Service Animal: _____

Mobility Devices: Wheelchair: _____ XL Wheelchair: _____ Scooter: _____ Walker: _____ NOTE: **For Safety reasons, Mobility Devices** cannot be more that 33 inches wide and/or be more that 850 lbs **INCLUDING** the Passenger while on the lift.

For program funding purposes, Race is required: _____

_____ 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.

_____ 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.

I have read and understand the rules and regulations regarding the use of transportation through the West 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