

# 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: \_\_\_\_\_  
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: Wheelchair: \_\_\_ XL Wheelchair (include measurements): \_\_\_ 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: \_\_\_\_\_  
Are you a client of Hospitality House or Open Door? If so, please indicate which one: \_\_\_\_\_

<https://www.america'shealthrankings.org/explore/annual/measure/suicide/state/mi>  
\_\_\_ 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 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