



## AURORA TRANSPORTATION APPLICATION

Application must be approved by Parks and Recreation before transportation can be provided. For transportation please call (330) 562-4333.

PERSONAL INFORMATION	
Name:	Date of Birth:
Street Address:	Phone No.:
City, State & Zip:	Mobile No.:

MEDICAL INFORMATION	
Physician:	Phone No.:
Hospital:	
Are you confined to a wheelchair? YES or No	Do you use a walker? YES or No

EMERGENCY CONTACT INFORMATION	
Name:	Phone No.:
Address:	Relationship:

I understand that this information will, in the event of a medical emergency, be released to a hospital, physician or emergency medical services agency to assist in the delivery of appropriate medical treatment.

This information is provided on a voluntary basis for my benefit. I accept responsibility for the accuracy of this information.

I have read and understand the policies of the Aurora Transportation Program.

Name:	Date:
Print Name:	

**Please return with a copy of your driver's license or utility bill for proof of residency.**

**PLEASE RETURN THIS APPLICATION TO:**  
The Walker Building  
Aurora Transportation Program  
129 W. Pioneer Trail  
Aurora, Ohio 44202

FOR OFFICE USE ONLY	
Date Rcvd:	By: