

# Park City Transit

## Application for Senior Mobility

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**Applications must include proof of age and proof of residency within the city limits of Park City.**

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **Emergency Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Would you prefer written information in any of the following formats?**

No     Large Print     Braille     Other: \_\_\_\_\_