



Reduced Fare Application

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

I use the following mobility device:

☐ Wheelchair ☐ Scooter ☐ Cane ☐ Crutches ☐ Other _____

Please check the appropriate category in which you are applying:

☐ Child (free) Ages newborn - 5. (On 6th birthday, fare will be changed to Student fare.)

☐ Student/Youth Ages 6 through 17. (On 18th birthday, fare will be changed to full fare.)

☐ Senior Age 60 or above.

☐ Temporarily Disabled Mobility limitations or self-care limitations.
Date of expected end of disability: ____/____/____

☐ Permanently Disabled Mobility limitations or self-care limitations.

A Certificate of Eligibility will be issued upon receipt of completed application.

Signature: _____ Date: _____

By signing, you are attesting to the accuracy of this application.

Submit application to:

Geauga Transit

12555 Merritt Rd.

Chardon, OH 44024

Ph: 440-754-5555 Fax: 440-286-9496

email: info@geaugatransit.com

Ohio Relay: 1-800-750-0750

Approved: _____ Date: _____

Geauga Transit Admin.