



NOTA Application Passenger Information

Send to: 675 S. Glaspie Oxford, MI 48371 or email: mjoslyn@ridenota.org

Office Phone: (248) 693-7100 Website: www.ridenota.org

Name: _____ Today's Date: _____

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

Orion Oxford or Addison Township Home Phone: _____ Cell Phone: _____

Email: _____ Age: _____ Date of Birth: _____

Disabled?: _____ Explain: _____

In case of emergency, Contact: _____ Ph Number: _____

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

Please select at least one to qualify: Senior Citizen (60 yrs +): _____ Disabled Person: _____ Low Income Qualified Resident: _____

Companion Rider: _____ Service Animal: _____ Youth _____ Race: (optional) _____

Mobility Devices: Wheelchair: _____ XL Wheelchair: _____ Scooter: _____ Walker: _____ NOTE: **For Safety reasons, All Mobility Devices** cannot be more that 33 inches wide and/or be more that 1,000 lbs including the Passenger while on the lift.

For low income only, please certify (if you are not a senior or disabled):

I, _____, have earned \$ _____ Within the last 12 Months.

I have _____ members in my family (include yourself) I am supporting.

2021 Poverty Guidelines for the 48 Contiguous States and the District of Columbia Persons in family/household	150% Poverty Maximum
1	\$19,320
2	\$26,130
3	\$32,940
4	\$39,750

For each additional household member beyond 4 add \$4540

____ I understand that I must wear a mask while on a NOTA vehicle

____ I have read the NOTA guidelines and will follow them

____ I have included a copy of a Driver's License, 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.

Signature: _____

Date: _____