



Medina County Public Transit
"Public Transportation for Medina County"

Veterans Client
Registration Form



Passenger Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Mobile Phone: (_____) _____

Emergency Contact:

Name: _____ Phone: (_____) _____

Do you use any of the following equipment or assistive devices?

- Manual Wheelchair Scooter Walker Cane/Crutches Oxygen Guide Dog

Does applicant need a PCA? Yes or No

Issued Date: _____ Expiration Date: _____

(Signature) _____
(Passenger or Caregiver)