

# Mecosta Osceola Transit Authority

## REDUCED FARE APPLICATION

Mecosta Osceola Transit Authority (MOTA) provides curb to curb service at a reduced rate for those persons with a disability. The term 'Disability', with respect to an individual, is defined as (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such impairment; or (C) being regarded as having such an impairment. After filling out the form below, MOTA will evaluate the information on the form. Approval or denial of your application will be provided to you in writing upon request.

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### To be completed by the applicant.

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

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

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My Disability is: \_\_\_\_\_

I require the use of the following (Check all that apply):

Mobility Device \_\_\_\_\_ Personal Assistant \_\_\_\_\_ Service Animal \_\_\_\_\_ Other \_\_\_\_\_

I hereby certify that the information given above is true and correct to the best of my knowledge and belief and I hereby authorize my medical provider to release any information needed to complete this application.

\_\_\_\_\_  
Applicant Signature Date

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### To be completed by the applicant's Physician or Professional Health Care Provider.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please describe any effects of this condition that MOTA should know about: \_\_\_\_\_

I certify that the information provided by the applicant is accurate. \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature / Title Date

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### To be completed by the Director upon approval.

\_\_\_\_\_  
Director Signature Date

**Information on this application will be kept confidential.**