

Lancaster Public Transit System

Mobility Program Application



Application Date

Applicant Information

First Name Middle Initial Last Name

Address Phone Number

City State Zip Code Gender

Email Date of Birth

Mobility Need: Elderly Disabled Service Animal Assistance Yes No
Personal Care Attendant Assistance Yes No Special Assistance: Wheelchair Lift Door to Door
I am a Veteran? Yes No Other:

Emergency Contact Information

First Name Last Name Relationship

Phone Number Alternate Phone Number

Comments or Important information:

I agree that I have provided true and accurate documentation to Lancaster Public Transit System for the purpose of qualifying for a Mobility Passport which I can use to obtain a discount on rides I schedule with LPTS. I agree that if I qualify for a Mobility Passport, I will use it only for myself (not share it). I also understand that my Mobility Passport may be revoked at any time if it's use is abused.

Applicant Signature

Office Use Only

Mobility Passport Identification and Qualifying Documentation

Issue Date Application Approval Mailed:

Authorized By:

Authorizing Signature

Return Address: 746 Lawrence Street, Lancaster, Ohio 43130