



Town of Glastonbury

Dial-A-Ride Service

Application and Emergency Contact Information Form - January, 2016

Name: _____ Birthdate: _____

Please Print

Address: _____

Phone No: _____ Cell Phone No. _____

Do you use: Wheelchair: _____ Cane: _____ Walker: _____

Other Special Needs:

Emergency Contact Information:

Name: _____

Relationship to Dial-A-Ride Participant: _____

Address: _____

Home Phone: _____

Office Home: _____

Cell Phone: _____

I have received a copy of the Town of Glastonbury Dial-A-Ride Policies and Procedures and agree to abide by them.

Signature: _____ Date: _____