



**CITY OF COMMERCE
DIAL A RIDE SERVICE**

REGISTRATION (REGISTRO)

DATE (FECHA): _____

NAME OF PASSENGER (NOMBRE): _____

DATE OF BIRTH (FECHA DE NACIMIENTO): _____

HOME ADDRESS (DOMICILIO): _____

TELEPHONE NUMBER(S) (NUMEROS TELEFONICOS):

HOME (CASA): _____

CELL (CELULAR): _____

TYPE OF MOBILITY DEVICE USED, IF ANY (TIPO DE APARATO MOVILIZANTE):

WHEELCHAIR (SILLA DE RUEDAS): _____

WALKER (ANDADOR): _____

CANE (BASTON): _____

EMERGENCY CONTACT INFORMATION:

NAME (NOMBRE): _____

RELATION (RELACION): _____

TELEPHONE NUMBER (NUMERO TELEFONICO) : _____

SIGNATURE (FIRMA) -----

- **IF UNDER THE AGE OF 50 YEARS, PLEASE ATTACH A DOCTOR'S NOTE STATING NEED FOR TRANSPORTATION ASSISTANCE.**