



PERRY COUNTY TRANSIT

APPLICATION FOR HONORED CITIZEN ELIGIBILITY Reduced fare only applies within Perry County

Perry County Transit is offering reduced fares for riders who are veterans and active duty. Funding for these fare discounts are subsidized through the Ohio Department of Transportation, which has established specific eligibility requirements.

Obtaining your ride discount is easy and free of charge. Please follow these simple steps allowing up to 5 days for your eligibility of reduced fare to be applied.

To qualify for reduced fare based on your **SERVICE: Complete Sections A & B**

* Submit this completed application form with proof of service.

Acceptable verification of Service:

VIC (Veteran ID Card, CAC Card, VA Benefits Card, DD-214, State Identification card (issued by the Ohio Bureau of Motor Vehicles).

The Administration of Perry County Transit is solely responsible for the approval or rejection of applications for reduced fare eligibility based on program criteria. Appeals may be made to the Perry County Commissioners and the Ohio Department of Transportation. Completed application, and verification of Eligibility and requests for assistance in completing this application should be addressed to Perry County Transit, 499 N State St, New Lexington, Ohio 43764. Phone number (740) 342-2810

Section A

_____		_____		_____	_____
Last name		First Name		M.I.	Date of Birth
_____		_____		_____	
Address		City, State & Zip Code		Phone	
_____	_____	_____	_____	_____	_____
Height	Weight	Gender	Hair	Eyes	Nationality
<input type="checkbox"/> I am applying for Perry County Transit reduced fare based on Service (acceptable proof of service must be presented with the application)					
BRANCH OF SERVICE: _____			SERVICE DATE: _____		

Accessibility (feel free to call if any other accessibilities are needed)

Wheelchair Oversized Wheelchair Walker Service Animal Aide



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Section B

This information will only be used to determine eligibility for the reduced fare program for the Elderly and disabled program.

I state that the above statements are correct and true to the best of my knowledge. I understand that false statements on this application represent a violation of the conditions and terms of the program and will result in the denial of the privilege by Perry County Transit.

Applicant signature (If under 18, parent or guardian's signature)

_____ Date

Approved By: _____ Date: _____ Number: _____

THANK YOU FOR CHOOSING THE SERVICES OF PERRY COUNTY TRANSIT