



City of Annapolis
Transportation Department
 308 Chinquapin Round Road
 Annapolis, MD 21401-4007



Transit@annapolis.gov • 410-263-7964 • 410-269-0674 • Fax 410-269-5989 • TDD use MD Relay or 711 • www.annapolis.gov

ADA Paratransit Service Application

This information is confidential and will not be released by the City of Annapolis Department of Transportation.

Applicant's full name _____

Mail address _____

City _____ ST _____ Zip _____

Phone(s) _____

Resident (if applicable) City Anne Arundel County Other _____

Signature _____ Date _____

To be completed by Physician / Service Professional (*please print or type*)

One or more of the following criteria must be identified for eligibility for reduced fare program:

- Confinement to a wheelchair
- Use of crutches, braces or walker
- Inability to walk between bus stops (four blocks)
- Inability to climb a bus step (15 inches)
- Inability to stand waiting for a bus (15 minutes)
- Inability to comprehend the service (route and fare)
- Inability to travel without special facilities, assistance or escort - specify below

I certify that _____ meets the City of Annapolis Transit eligibility criteria and is permanently temporarily eligible for the identification pass.

Length of temporary disability (estimated number of months) _____

Name of physician _____ Phone _____

Mail address _____

City _____ ST _____ Zip _____

FOR CITY USE ONLY

Approved Denied

Signature _____ Date _____