



Van Transportation Pass Application

Name _____ Date of Birth _____

Address _____ City _____ Zip Code _____

_____ Home Phone _____

In Case of Emergency Please Contact _____

Relationship _____ Phone Numbers _____

Address _____

Primary Care Physician _____ Phone _____

Please list any medical condition(s) or medications that the City of Louisville should be aware of in case of an emergency situation while participating in this service (This information will be kept confidential as State Law allows).

Informed Consent and Release

In consideration of participation in the Van Transportation Service offered by the City of Louisville, I agree to adhere to all policies and rules promulgated for provision of this service. I further agree to hold free from any and all liability the City of Louisville, and its respective officers, employees, members, volunteers, and sponsors; and do hereby for myself, my heirs, executors and administrators waive, release, and forever discharge any and all rights and claims for damages out of or connected with my participation in the Van Transportation Service.

Signature

Date

Please make checks payable to The City of Louisville. Remit to the Louisville City Building, 215 South Mill Street, Louisville, Ohio 44641-1699

330-875-1908 or 330-875-3321 loui@cannet.com

For City Use Only

Van Transportation Pass Number _____

Date Received _____

Residency

City
Non-City

Option 1

Paid in Full
Paid in Full

Option 2

Installment
Installment

Amount Paid