



Visitor Short Form for Paratransit Service Use

Please provide us with basic information so we can serve you well. The information requested can be provided over the telephone, by e-mail, fax, or mail.

Telephone: (970) 726-4163

E-mail: phillip.vanhorn@transdev.com

Postal service: PO Box 166, Winter Park, CO 80482

Visitor eligibility is good for 21 days. After that point, the individual will need to complete a resident eligibility form.

Name of Visitor: _____
Last First Initial

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone #: _____ Work Phone #: _____

E-mail: _____

Birth Date: _____ M ___ F ___

Local Address: _____ Apt: _____

City: _____ County: _____ State: _____ Zip: _____

Please give us the name and telephone number of a LOCAL friend or relative to call in the event of an emergency:

Name: _____ Relationship: _____

Home Phone #: _____ Alternate Phone #: _____

Will a passenger assistant be traveling with you? ___ Yes ___ No

Do you require a wheelchair lift to board the bus? ___ Yes ___ No

Can you navigate to and from a curbside location? Yes No

Is there anything else about your disability that it would be helpful for us to know?
