

SHIELDS TOWNSHIP LAKE COUNTY REGISTRATION

SEND FORM TO: LAKECOUNTY@PACEBUS.COM

Date of Submission:	Completed By:
	Phone #:

CLIENT INFORMATION – GENERAL *

First Name:	M:	Last Name:	<input type="checkbox"/> F	<input type="checkbox"/> M
DOB:	<input type="checkbox"/> Senior (65+)	<input type="checkbox"/> Disabled		
PARATRANSIT ID#	REDUCED FARE PASS#			
Phone Contact Info. Cell Phone:	Home Phone:	Emergency Contact Name & Phone Number(s):		
Address:	Unit:	City:	Zip:	
Apartment / Bldg Name:		Apartment or Bldg. Phone #:		
Closest Intersection:				

Comments or Special Instructions:

DISABILITY REQUIRING ASSISTANCE*

Visual
 Auditory
 Physical
 Communication
 Cognitive
 Other Describe:

MOBILITY AIDS**

Manual WC
 Electric WC
 Scooter
 Crutches
 Walker
 Service Animal
 Other

FARE TYPE – DETAIL

Flat Fare \$3.00 – SHIELDS TOWNSHIP
 Flat Fare \$3.00 – LAKE FOREST
 Flat Fare \$3.00 – NORTH CHICAGO
 Flat Fare \$3.00 – WAUKEGAN TOWNSHIP

Additional Information:

*Required