

Passenger Information

Full Name: _____ Date of Birth:
Phone Number: _____ Gender: Male Female Other
Email Address: _____ Address: _____

Emergency Contact

Name: _____
Relationship: _____
Phone Number: _____

2nd Emergency Contact

Name: _____
Relationship: _____
Phone & Email: _____

Check all that apply:

- carry oxygen use a cane will have equipment/supplies with me a service animal will accompany me
 use a walker will have a companion with me use a wheelchair, but am self sufficient to load/unload

Please list any notes, special instructions or questions:

- I am a registered WLCC client** Yes No
I am not a client, but low income - income proof attached Yes No
I am interested in other WLCC services and programs Yes No

Passenger Agreement

Transportation is based on availability of drivers. We will provide confirmation to you.
We request 7 days notice to arrange transportation.
Rides are at no cost to passengers.
Passengers are responsible for the cost of parking unless you are a registered client of WLCC.
Passengers must wear their seat belt unless they have a medical exemption paper.

To Book/Register a Ride: Call 905-957-5882

Signature: By signing below, I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____
Date: ____ / ____ / ____

 905-957-5882
 2660 Industrial Park Rd, Smithville
 www.westlincolncc.com