METROWEST REGIONAL TRANSIT AUTHORITY CALL CENTER
15 Blandin Ave, Framingham, MA 01702
(508) 820-4650 • Fax: (508) 935-2940
TTY (508) 935-2242

Dial~A~Ride
Age Verification Form (65 and older)

For Residents of the towns of Ashland, Marlborough, Southborough and Wayland

Please Provide the Following Information:

First Name:_____________________________________________________

Last Name:_____________________________________________________

Date of Birth:__________________________________________________

Street Address:_________________________________________________

Apt. Number:___________________________________________________

City/Town:_____________________________________________________

State/Zip Code:________________________________________________

Phone #: (    ) ___________________________________________________________________

Emergency Contact:__________________________ Relationship:_____________________

Phone #    ______________________________________________________________________

Secondary Contact (optional):________________________ Relationship:__________________

Phone #    ______________________________________________________________________

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Document is subject to revisions

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Please check off any Mobility Aids:

{ } Manual Wheelchair
{ } Electric Wheelchair
{ } Powered Scooter
{ } Cane
{ } Walker
{ } Other: ____________

Can you independently, safely and effectively travel to and from your destination?

{ } Yes
{ } No (please explain): ____________________________

_____________________________________________________

Please check if you are a Veteran { }, or an immediate family member of a Veteran { }.

Customer Signature: ____________________________________

APPLICATION WILL NOT BE ACCEPTED WITHOUT DOCUMENTATION THAT VALIDATES PROOF OF AGE