

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*

<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<input type="checkbox"/> Physical	<input type="checkbox"/> Communication	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Other Describe:
---------------------------------	-----------------------------------	-----------------------------------	----------------------------------------	------------------------------------	------------------------------------------

MOBILITY AIDS**

<input type="checkbox"/> Manual WC	<input type="checkbox"/> Electric WC	<input type="checkbox"/> Scooter	<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Other
------------------------------------	--------------------------------------	----------------------------------	-----------------------------------	---------------------------------	-----------------------------------------	--------------------------------

FARE TYPE – DETAIL

<input type="checkbox"/> Flat Fare \$3.00 – SHIELDS TOWNSHIP
<input type="checkbox"/> Flat Fare \$3.00 – LAKE FOREST
<input type="checkbox"/> Flat Fare \$3.00 – NORTH CHICAGO

Additional Information:

*Required