



Montebello Dial-A-Taxi Application

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Gender (circle one): M or F

Home Address: _____ Apt. # _____

Phone Number: _____

Mobility Aids (circle all that apply): Ambulatory, Cane, Crutches, Scooter, Walker, Wheelchair, Other

Impairment (circle one): Hearing or Visual or None

Emergency Contact Name: _____

Emergency Contact Number: _____

Emergency Contact Relationship to Cardholder: _____

Participants Notes:

Applicants Signature _____

Date _____

I assume full responsibility for and release the City from any liability for my safety and well-being before I board and after I exit the DIAL-A-TAXI vehicle.

***There will be a \$5.00 replacement fee for lost I.D. Cards.**

For Office Use Only

Application Number: _____ Temp. Expiration Date: _____ Issued By: _____