

The JO – Special Edition Premium Service Application

I have reviewed and fully understand the qualifications, guidelines and policies of The JO-Special Edition Premium Service and would like to enroll.

Name (Please print or type)

Address

Apt. #

City

State

Zip Code

Telephone (Home)

(Cell)

(Work)

Date of Birth

E-mail Address

Do you:

___ use a standard or electric wheelchair or three wheeled scooter?

(underline which)

___ use oxygen?

(Physician letter required)

___ require an aid when travelling?

(Physician letter required)

___ have a visual impairment?

___ use a walker?

___ use a cane?

I understand that I will be billed for an entire month's scheduled service. If I choose to cancel a trip, I will still be charged for that trip and **no refunds or credits will be issued.**

Signature

Date

Please return completed application to:

Johnson County Transit
SE Premium Application
1701 West 56 Highway
Olathe, KS 66061

--Over Please--

Route Schedule Requested.

Please describe the route and schedule you are requesting:

Days (three, four or five day each week i.e. Tuesdays, Thursdays & Fridays)

Pick-up times

Pick-up address(s)

Drop-off times

Drop-off address(s)

Emergency Contact Information.

(Family member, friend, etc.)

Name (Please print or type)

Address

Apt#

City

State

Zip Code

Telephone (Home)

(Cell)

(Work)

E-Mail Address

Special Needs: Please use the space to notify us of special needs regarding transportation.
