



**Johnson County Transit  
SENIOR Reduced Fare Application**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**E-mail Address (Optional)** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

I certify the following: I am 65 years of age or older. I am not applying for a Reduced Fare card for fraudulent purposes, and I do meet the qualifications of the program.

**SIGNATURE:** \_\_\_\_\_

**Please return application to:**

**Johnson County Transit  
1701 West 56 Highway  
Olathe, Kansas 66061**

For Office Use Only

Approved by: \_\_\_\_\_ Card #: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_