



**Johnson County Transit
DISABLED Reduced Fare Application**

DATE: _____

NAME: _____

ADDRESS: _____

E-mail Address (optional) _____

TELEPHONE: _____

DATE OF BIRTH: _____

I certify that I am not applying for a Reduced Fare card for fraudulent purpose and that I do meet the qualifications of the program.

*Please include a letter from your physician stating your disability with this application.

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: _____