



The Corporation of the County of Prince Edward
Operational Services
Mailing: 332 Picton Main Street, Picton, ON K0K 2T0
www.thecounty.ca

APPLICATION FORM

Prince Edward County Specialized Transit Service

To apply for specialized transit service, please fully complete this application form. Incomplete information may result in a delay in processing your application for service. In some cases, medical certification of disability may be required.

Application (Please Print)

Surname _____ Given Name _____

Mr. Ms. Mrs. Miss Applicant's Date of Birth _____

Civic Address _____

Mailing Address (if different than civic address) _____

WARD: _____

Home Phone: _____ Cell Phone: _____

E-mail _____

Things we need to know about you:

1. Are you a resident of Prince Edward County? Yes No
2. Are you a senior? Yes No or have a physical disability? Yes No
3. Do you use assistive devices for mobility? Yes No
If yes to 3., please check (X) the appropriate boxes:
 - Wheelchair – electric
 - Wheelchair – manual
 - Scooter Walker Cane(s)
4. Do you require an attendant to travel with you? Yes No
5. Do you prefer?
 - curb to curb service or door to door service



The County
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6. What are the main reasons you need to use Specialized Transit?

- Employment Education Medical Shopping Recreation
- Entertainment Visiting Other _____

7. How often do you intend to use the service?

- Weekly Monthly Occasional Unknown

8. Please describe your disability _____

In case of an emergency, please let us know whom we may contact:

Contact person #1: _____ Phone _____

Relationship: _____

Contact person #2: _____ Phone _____

Relationship: _____

In some circumstances, Specialized Transit will require certification of disability from a medical practitioner.

The information provided in this form is collected under the Municipal Freedom of Information and Protection of Privacy Act. Personal information on this form will be used for checking eligibility for the program, and, if necessary, will be shared with the contacts identified, care givers, emergency or medical personnel. For a copy of the Privacy Policies of the Corporation of the County of Prince Edward, please inquire at the office.

Certification:

I certify that the information provided on this application form is accurate and complete to the best of my knowledge.

Signature _____ Date _____, 20__.

Mail to: Prince Edward County, 332 Picton Main St. Picton, ON K0K 2T0
Email to: operations@pecounty.on.ca

For more information, please contact our customer service desk at 613.476.2148 x 1023.