



**Application for Transit Reduced Fare Rate**

**Please return completed application form to City of Belleville, Engineering & Public Works Department, Transit Section, 2<sup>nd</sup> floor, 169 Front Street, Belleville, Ontario K8N 2Y8**

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**This section to be completed by Applicant**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone No. \_\_\_\_\_

**I, the applicant, declare the information given herein is truthful and accurate.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**This section to be completed by Applicant's Physician, Occupational Therapist or other Health Care Professional.**

**Note: Applicants who are the recipient of Government Sponsored Assistance may substitute a letter from their Case Worker in lieu of the Physician's statement.**

Please describe the nature of the Applicant's disability and how it restricts their ability to obtain employment.

\_\_\_\_\_  
\_\_\_\_\_

Is disability permanent? Yes No If temporary, for how long? \_\_\_\_\_

Professional's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**This section to be completed by City of Belleville**

Approved Denied Signature \_\_\_\_\_ Date \_\_\_\_\_

*Manager of Transit/Fleet*

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**The above information will be used to determine eligibility for transportation for the disabled and will remain confidential.**