



Namekagon Transit
14760 W County Rd B
Hayward, WI 54843

715-634-6633
Toll Free: 1-866-295-9599
Fax: 715-634-0276

APPLICATION FOR REDUCED FARE

Name: _____

Date of Birth: _____

Mailing Address: _____

Mailing City, State, Zip Code: _____

Discount Type: Disability (any age)

Please send copy of Social Security Disability Letter or signed doctor's letter for verification. Application cannot be processed without this.

Applicant Signature: _____

Date: _____

Please drop off or mail this completed form and verification documents to

Namekagon Transit
14760 W County Rd B
Hayward, WI 54843
Or fax to 715-634-0276

Or email to transitmanager@namekagontransit.com

Office Use Only:

Approved by _____ Date _____ ID # _____

Operated by: Sawyer County / Lac Courte Oreilles Transit Commission

www.namekagontransit.com