



Namekagon Transit
14760 W. County Road B
Hayward, WI 54843
715-634-6633
Toll Free 866-295-9599
Fax: 715-634-0276

APPLICATION FOR REDUCED FARE

Name: _____

Mailing Address: _____
(City) (State) (Zip)

Physical Address (if different): _____

Phone #: _____ Email: _____

Date of Birth: _____ (55 years and older automatically qualify)

Discount Type: **DISABILITY** (any age)

PLEASE INCLUDE A COPY OF YOUR SOCIAL SECURITY DISABILITY LETTER OR SIGNED DOCTOR'S LETTER FOR VERIFICATION. APPLICATIONS CANNOT BE PROCESSED WITHOUT THESE ITEMS.

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 # _____