



Deviation Applicant Information Form

Applicant Name: _____

First

Middle

Last

Address: _____

Street

Apt. # (If Applicable)

City

State

Zip Code

Home #: _____ Work #: _____ Cell #: _____

Person with Disability:

YES

NO

Please check box below to indicate which item applies where special assistance may be needed.

Visually Impaired

Wheelchair/Lift

Walking/ Climbing Stair

Walker/Cane

**** Once we have received this completed application with all the required information filled in; you may call to set up transportation for a deviation. ****

ALL deviations MUST be called in no later than 24 Hours in advance.

Deviations are granted on the Yellow, Green, Brown and Red Lines, where time allows. No deviation will be schedule that will delay routes any more than 5 minutes. All deviations will be on a first call, first served basis. Any request for a deviation that is located outside the ¼ mile limit will be declined.

All route deviations must be scheduled at least twenty-four (24) hours in advance. All customers seeking to cancel a previously schedule route deviation must do so at least two (2) hours prior to the route deviation. Customers failing to appear or timely cancel a previously scheduled route deviation are subject to the penalties in the route deviation cancellation policy.

Assistance with completing this form is available upon request. Alternate formats of this form are available upon request.