

Application ADA Paratransit Subscription Service

Completion of this request for Paratransit subscription service does not guarantee the request will be honored. This application supersedes and renders null and void any previous request. You will be notified by telephone or mail when your subscription is honored. Any change requires the completion of a new application.

Name _____

Home Address _____

City/Zip Code _____

Telephone Number (_____) _____

ADA Identification # _____

Pickup Address (ex: Home address) _____

Name of Location (ex: Home) _____

Drop off Address _____

Name of Location (ex: Dialysis) _____

Latest Drop-off Time _____ a.m. / p.m. (please circle only one)

Earliest Return Time _____ a.m. / p.m. (please circle only one)

Days Requested

Sunday
Monday
Tuesday
Wednesday

Thursday
Friday
Saturday

Return application to: Greater Cleveland RTA
Paratransit Department
4601 Euclid Avenue
Cleveland OH 44103