

**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 \_\_\_\_\_  
Pickup Time \_\_\_\_\_ a.m. / p.m. (please circle only one)  
Return Time \_\_\_\_\_ a.m. / p.m. (please circle only one)

Days Requested

Sunday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Monday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>		

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