



**CITY OF BEVERLY HILLS
 SENIOR AND DISABLED ON-DEMAND
 TRANSPORTATION PROGRAM APPLICATION**
 Questions? Call (310) 981-9318



Personal Information	
First Name _____	Last Name _____
Home Phone _____	Cell Phone _____ Email _____
Date of Birth ____ / ____ / ____	Address _____ Apartment # _____
City <u>BEVERLY HILLS</u>	State <u>CA</u> Zip Code _____
Mailing Address (if different) _____	

Notification Preferences	
Do you use email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you use text messaging? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check your preferred method of communication: <input type="checkbox"/> Text Messaging <input type="checkbox"/> Phone <input type="checkbox"/> Email	

Documentation Checklist	
Please mark the supporting items you will be submitting with this application	
The following item must be checked off:	
<input type="checkbox"/>	I am a resident of Beverly Hills. Please include a current utility bill from your Beverly Hills address.
One of the two following items must be checked off:	
<input type="checkbox"/>	I am 62 years of age or older. Please include a copy of your DMV ID Card, Passport, or other government-issued photo identification
<input type="checkbox"/>	I have documented evidence of disability. Please include a copy of your current SSI eligibility letter or doctor's letter.

MAIL COMPLETED APPLICATION WITH ALL DOCUMENTATION TO:
 BEVERLY HILLS ON-DEMAND TRANSPORTATION PROGRAM
 P.O. BOX 920427
 SYLMAR, CA 91392

I declare, under penalty of perjury under the laws of the State of California that the responses I have given are true. My signature below indicates that I understand that participating service providers are aware that I meet eligibility requirements for this program.

Signature _____ Date _____