



**CITY OF BEVERLY HILLS 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 _____	

Notification Preferences
<b>How would like to receive notifications related to your booked rides (check all that apply):</b>
<input type="checkbox"/> Text Messaging (using cell phone above) <input type="checkbox"/> Phone <input type="checkbox"/> Email

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

Program Credit Purchase
<input type="checkbox"/> I have enclosed a check for \$6 (for \$24 of Program Credits)

**MAIL COMPLETED APPLICATION, WITH ALL DOCUMENTATION AND PAYMENT TO:  
Beverly Hills On-Demand Transportation Program  
PO Box 5043  
Glendale, CA 91221**

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 \_\_\_\_\_