



ADA OUT-OF-TOWN VISITOR APPLICATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell/Work _____

Attached Verification of Residence (select one):

- Current Driver's License
- Verification from Social Security Administration
- Voter Registration Card
- Current Utility Bill (Phone, Electric or Gas)

What is your disability? _____

Please indicate the mobility equipment you use (select all that apply):

- Manual Wheelchair
- Power wheelchair
- Scooter
- Walker/Rollator
- Cane
- White Cane
- Crutches
- Service Animal
- Oxygen
- Other _____

If available, please attach a copy of ADA paratransit eligibility card issued by your home system. If you do not have one, and your disability is not apparent (such as use of a wheelchair, crutches, white cane, etc.) you must attach current verification of your disability from a health care or rehabilitation professional, state or federal agency.

Do you require a personal attendant when traveling? **(select one):** Yes No Sometimes

When do you expect to arrive in Allegheny County? _____

How long do you anticipate staying? _____

Signature _____ Date _____