## **ACCESS** ADA Out-of-Town Visitor Application

Name		Date of Birth	
Address			
			Zip Code
Home Phone		Cell/Work	
Attached Verification of Resi	idence (select one):		
Current Driver's License		□Voter Registration Card	
□Verification from Social Security Administration		□Current Utility Bill (Phone, Electric or Gas)	
Please indicate the mobility	equipment you use (sel	ect all that a	ipply):
□Manual Wheelchair	□Walker/R	ollator	
□Power wheelchair	Cane		□Service Animal
Scooter	□White Cane		□Oxygen
Other			
you do not have one, and yo	our disability is not appa current verification of yo	rent (such a	ard issued by your home system. If is use of a wheelchair, crutches, white from a health care or rehabilitation
Do you require a personal a	ttendant when traveling	? (select on	ne): □ Yes □ No □ Sometimes
When do you expect to arriv	e in Allegheny County?		
How long do you anticipate	staying?		
Signature		Date	
•	O		
Questions? Call (412) 562-5353 or TTY 711	Office hours are Mono Friday 8 a.m.–4:30 p.	•	Find ACCESS information online at myaccessride.com

Friday 8 a.m.-4:30 p.m.

**Revised January 2021** 

(412) 562-5353 or TTY 711