



City of Greenville

PUBLIC TRANSPORTATION DIRECTOR

1425 KitchenAid Way

Greenville, OH 45331

(937) 548-0437

(937) 548-1704 fax

Application for reduced disabled fare for Greenville Transit System (GTS)

Name _____

Street Address _____ City _____

Zip _____ Phone Number _____ Date of Birth _____

DISABILITY CERTIFICATION:

Type of Disability: (Just check one applicable box in **each column** – no details are required)

Mobility []

Permanent Disability []

Sensory []

Temporary Disability [] (date required)

Other []

Until _____

Do you require any service needs for transport? (Example: wheelchair lift, service animal, etc)

ADA Definitions:

Definition of disability: a mental or physical impairment limiting one or more major life functions as defined by the Americans with Disabilities Act (ADA Act) 49 CRG Part 37.

“Major Life Activities: Functions Such As Caring for One’s Self, Performing Manual Tasks, Walking, Seeing, Hearing, Speaking, Breathing, Learning, and Work

Doctor’s Signature _____ Date _____

Passenger Signature _____

Card Number: _____ Issued Date: _____ Issued by: _____