

**Logan Public Transit  
Application for Reduced Elderly & Disabled Fare**

**Applicant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

In order to qualify for the E&D Fare the applicant must be at least 65-years old or older or have a disability that limits their mobility or self-care. Please indicate which category applies..

- Elderly - Must be at least 65-years old. Please provide proof of age such a copy of a driver's license, birth certificate, Medicare, etc.

Veteran – ID card, VA eligibility or a copy of the DD 214.

Witnessed by: \_\_\_\_\_

- Disabled - Must have a Mobility or Self-Care Limitation. Please provide proof of limitation or have a Medical Professional complete the Statement of Disability.

**STATEMENT OF DISABILITY  
(To be completed by Physician, Health Care, or Rehab Professional)**

**I certify that the above applicant meets the requirements listed above.**

**Medical Professional's Name:** \_\_\_\_\_

(Please Print)

**Medical Professional's Title:** \_\_\_\_\_

**Medical Professional's Signature:** \_\_\_\_\_

**Is the applicant's disability temporary?**     Yes     No

**If yes, expected duration until what date?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Logan Public Transit, 1005 CIC Drive, Logan, Ohio 43138  
Phone 740-385-6999    Fax 740-385-0866**