



## JANESVILLE TRANSIT SYSTEM SENIOR CITIZEN ID CARD APPLICATION

Dear Applicant:

Thank you for your interest in obtaining a Janesville Transit System Senior Citizen card. This program offers a reduced rate to qualified individuals. To be eligible, an individual must be age 65 or older and provide a photo ID showing their date of birth.

The application process:

- Complete and sign the front of the application.
- Bring your completed application to:

**Transit Services Center**

101 Black Bridge Road

between the hours of 8:30 am and 4:30 pm, Monday through Friday to receive your Senior ID card.

*or*

**Senior Center**

69 S. Water Street

between the hours of 8:00 am and 4:30 pm, Monday through Friday to receive your Senior ID card.

**Please bring a photo ID with you (i.e., driver's license, state ID, etc.)**

There is no cost to the applicant for the initial Senior ID card, however ***if the card is lost or stolen, a replacement card will be issued at a cost of \$3.00.*** Janesville Transit System Senior ID Cards are to be used ***exclusively*** by the individual named on the card. *Allowing others to use it is prohibited, and will result in the immediate loss of eligibility.*

**Any questions or concerns regarding the Senior ID Card Program, please call the Janesville Transit System at 608/755-3150.**



## JANESVILLE TRANSIT SYSTEM SENIOR ID CARD PROGRAM

*For Office Use Only*

Date Card Issued: \_\_\_\_\_ Comments:: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

### **APPLICATION MUST BE COMPLETED TO PROCESS**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address Apt. #/Lot #

\_\_\_\_\_  
City Number State ZIP Code Area Code & Phone

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Date Year of Birth

I certify that, to the best of my knowledge, the information given on this application is true and accurate. I understand that JTS will rely upon this information when determining eligibility for the Senior ID Card Program. I understand that providing false or misleading information will result in my eligibility being revoked. Allowing individuals, other than myself, to utilize this card will also result in revocation.

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

Date: \_\_\_\_\_

Applicant's Name:

Last

First