

**APPLICATION FOR
NORTHERN WINNEBAGO DIAL-A-RIDE
VILLAGE OF FOX CROSSING ELDERLY TRANSPORTATION
IDENTIFICATION CARD**

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE NO: _____ BIRTHDATE: _____

I hereby certify that I am a resident of the VILLAGE OF FOX CROSSING, Winnebago County, Wisconsin, age 60 or over, and that all of the above information is true and correct.

I further certify that I have no objection to receiving calls from time to time from the Village of Fox Crossing Public Transportation Authority for the purpose of answering questions pertaining to the service and my use of it, in order to assist the Authority in producing Checks and Balance Reports.

In the event that I move or change my telephone number, I will notify the Village Authority in writing at 2000 Municipal Drive, Neenah, WI 54956-5665. In the event that I take up residency outside of the Village of Fox Crossing, I shall be responsible for relinquishing my ID card.

Applicant and witness signatures required before the transportation ID card can be issued.

Applicants Signature _____

ATTEST: _____ Date: _____

Signature of Village of Fox Crossing Resident who can verify your residency.

**Return to: Village of Fox Crossing
Dial-a-Ride Program
2000 Municipal Dr
Neenah, WI 54956**