



Taxi Subsidy Program
Reorder Form



Taxi Subsidy Program
Reorder Form

Last Name First Name

Last Name First Name

Address State Zip
 ___/___/___

Address State Zip
 ___/___/___

Phone Number Date of Birth

Phone Number Date of Birth

Today's Date

Today's Date

Please select the options that apply:
 I certify that I am 60 years of age or older
 I certify that I have an impairment or disability that affects my ability to drive

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 I certify that I have an impairment or disability that affects my ability to drive

Please select one option:
 I am ambulatory (able to walk without assistance)
 I am non-ambulatory (I use a walker or wheelchair)

Please select one option:
 I am ambulatory (able to walk without assistance)
 I am non-ambulatory (I use a walker or wheelchair)

Taxi Cab Community:
(only one (1) ticket per month per customer)
 Reedsburg \$17.50
 Sauk Prairie \$15.00
 Baraboo \$15.00
 West Baraboo (supplemental) \$7.50*
Note: the West Baraboo supplemental card cannot be used alone.

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Office Use Only: Cash/Check #: _____
Card #: _____ Receipt #: _____
Staff ID: _____ Entered: ___/___/202__

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Card #: _____ Receipt #: _____
Staff ID: _____ Entered: ___/___/202__

**Please make checks
payable to: ADRC**

**Please make checks
payable to: ADRC**

Mail this form WITH
payment to:

Mail this form WITH
payment to:

Sauk County ADRC
Transportation Dept.
505 Broadway Street
Baraboo, WI 53913

Sauk County ADRC
Transportation Dept.
505 Broadway Street
Baraboo, WI 53913

Title VI of the Civil Rights
Act of 1964 prohibits
discrimination on the basis
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