

Ch Ca MO V:__

Taxi Subsidy Program Reorder Form

Last Name	First Name		
Address	City	Zip	
Phone Number		Date of Birth	
Please select		at apply: s of age or older	
O I certify that disability that		•	
Please select of O I am ambul assistance) O I am non-arwheelchair)	atory (able to		

Receipt: ____



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Last Name	First Name		Last Name	
Address	City	Zip	Address	
Phone Number		Date of Birth	Phone Number	

Please select <u>all</u> options that apply:

O I certify that I am 60 years of age or older O I certify that I have an impairment or disability that affects my ability to drive

Please select one option:

- O I am ambulatory (able to walk without assistance)
- O I am non-ambulatory (I use a walker or wheelchair)

Taxi Cab Community:

(only one 10 punch or 10 ticket book/ month)

- O Reedsburg \$17.50
- O Sauk Prairie \$15.00
- O Baraboo \$20.00 as of 1.1.24
- (\$25 in spring 2024)
- O West Baraboo (supplemental) \$7.50* Note: the West Baraboo supplemental ticket cannot be used alone.

Office Use Only: Staff/Date:	
Ch Ca MO V:	Receipt:
Coupon:	



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Ch Ca MO V:	Receipt:	
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Please make checks payable to: ADRC

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Mail this form with payment to:

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 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 of
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