



Taxi Subsidy Program Reorder Form

Last Name

First Name

Address

City

Zip

Phone Number

Date of Birth

_____/_____/____

Please select all 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

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 10 punch or 10 ticket book/month)

- ☐ Reedsburg \$17.50
- ☐ Sauk Prairie \$15.00
- ☐ Baraboo \$20.00 as of 1.1.24 (\$25 in spring 2024)
- ☐ 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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**Please make checks
payable to: ADRC**

Mail this form with
payment to:

**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
race, color, and national origin
in programs and activities
receiving federal financial
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