



Namekagon Transit
14760 W County Rd B
Hayward WI 54843

715-634-6633
Toll Free: 1-866-295-9599
Fax: 715-634-0276

APPLICATION FOR REDUCED FARE RATE

Name _____

Mailing Address _____

City State Zip

Physical Address if different _____

Phone # _____

Discount Type: **SENIOR CITIZEN** (55+) _____

Copy of ID Used for Discount Rate: State, Tribal or Federal ID _____

Discount Type: **DISABILITY** (any age) _____

Copy of Social Security Disability Letter or Signed Doctor's Letter _____

PLEASE INCLUDE A PHOTOCOPY OF YOUR LICENSE AND/OR DOCUMENTATION. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THESE ITEMS.

Applicant Signature _____ **Date** _____

PLEASE DROP OFF OR MAIL THIS COMPLETED FORM AND YOUR ID TO:

Namekagon Transit
14760 W County Rd B
Hayward WI 54843

Office Use Only:

Approved by _____ Date _____ ID # _____