



City of Norwalk
Dial-A-Ride Application

First Name: _____ Last Name _____

Date of Birth: _____ Gender (circle one) M or F

Phone Number: _____

Email: _____

Home Address: _____

Mobility Aids (circle all that apply) Ambulatory, Cane, Crutches,
Scooter, Walker, Wheelchair, Other

Impairment (circle one) Hearing, Visual, or None

Emergency Contact Name _____

Emergency Contact Number _____

Emergency Contact Relationship to Cardholder _____

Participants Notes _____

Date Submitted: _____

Issued By: _____