

# 2025 WOTA Registration Passenger Information

Send to: WOTA, 250 W. Livingston Rd., Highland, MI 48357 or email to: [info@rideWOTA.org](mailto:info@rideWOTA.org)      Office Phone: (248) 887-4979

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Disability? \_\_\_\_\_ Explain (wheelchair, walker, hearing, vision, etc.): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Companion Rider\* (18yrs+): \_\_\_\_\_ \*All companion riders must complete a registration.

Select All that Apply	Mobility Device <sup>+</sup>	Race (for funding purposes)	Veteran
<input type="checkbox"/> Senior (55+)	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> African American	<input type="checkbox"/> Yes
<input type="checkbox"/> Disability*	<input type="checkbox"/> XL Wheelchair	<input type="checkbox"/> Asian	<input type="checkbox"/> No
<input type="checkbox"/> Low Income	<input type="checkbox"/> Scooter	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Minor (<18)	<input type="checkbox"/> Walker	<input type="checkbox"/> White	
<input type="checkbox"/> Companion Rider	<input type="checkbox"/> Require a lift?	<input type="checkbox"/> Other	
<input type="checkbox"/> Service Animal			

\*ALL WITH DISABILITIES MUST SUBMIT PROFESSIONAL VERIFICATION FORM WITHIN 60 DAYS

+ MOBILITY DEVICES CANNOT WEIGH MORE THAN 850 LBS INCLUDING THE PASSENGER, OR EXCEED 33 INCHES WIDE

\_\_\_\_ I certify that the above information is correct, and the address is where I reside, and I understand that submitting false information is just cause for refusal of service.

For promotional and historical purposes, we occasionally take pictures of the riders/vehicles/drivers, by signing this form you consent to us using your picture. If you don't want your picture used check \_\_\_\_ NO.

I have read and understand the rules and regulations regarding the use of transportation through the Western Oakland Transportation Authority (WOTA). By signing this form, I acknowledge I will follow the rules and regulations of scheduling and riding the organization's vehicles.

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Signature of Rider

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Date