

Mail or deliver application to:
CERRITOS CITY HALL
ATTN: Community Development
18125 Bloomfield Avenue
Cerritos, CA 90703



Application Instructions: Applicants must complete and sign Part I: Application and Part II: Waiver for application approval.

PART I: APPLICATION

Name: _____ Date of Birth: _____ Male
(First) (Last) Female

Address: _____
Street City Zip Code

Apt. #: _____ Gate Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Are you a Cerritos resident? Yes No

Are you 55 or older? Yes No If you are under 55, do you have a disability? Yes No

Do you use a wheelchair or mobility device? Yes No

Does a personal attendant/caregiver accompany you on trips? Yes No

Note: For new passengers, a valid I.D. with proof of age and Cerritos residency is required at first pick-up.

EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____
Phone Number: _____ Relationship: _____
Email: _____

Secondary Contact: _____
Phone Number: _____ Relationship: _____
Email: _____

SIGNATURE: _____

DATE: _____

Staff Use Only

Date received: _____
Passenger ID: _____
Approval : Y N
Date Transit Provider Notified: _____
Approval Letter Sent: _____
Reviewer Initials: _____

PART II: WAIVER

CITY OF CERRITOS DIAL-A-RIDE WAIVER FORM

I hereby voluntarily and of my own freewill relinquish and waive the right to make any claims or bring any legal action against the City of Cerritos or their officers, officials, employees and/or volunteers, for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my voluntary participation in the City of Cerritos' Dial-A-Ride program. I also acknowledge that the City of Cerritos reserves the right to refuse transportation service to anyone for health and safety reasons or to anyone in non-compliance with the policies and procedures governing this program. I agree to comply with the terms set forth in the City of Cerritos' Dial-A-Ride Policy and Procedures Manual. The City reserves the right to modify the terms and conditions of this program without prior notice.

NAME: (Print) _____

SIGNATURE: _____

DATE: _____

Mail or deliver completed application to:

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Applications will be reviewed within 2-3 days of receipt.

Approved applicants will be notified by mail.

For more information, please contact Cerritos Transit at (562) 916-1202.