VILLAGE OF
BUFFALO GROVE

Fifty Raupp Blvd.
Buffalo Grove, IL 60089-2100
Phone 847-459-2518
Fax 847-459-7906

Serial No._____
(For office use only)

APPLICATION FOR SENIOR/DISABLED RESIDENT TAXICAB PROGRAM

1. NAME:_____ _____ _____
   Last Middle First

2. STREET ADDRESS:_____
   Buffalo Grove, IL 60089

   (For proof of Buffalo Grove residence, furnish voter registration card, water bill or similar document.)

3. PHONE NUMBER:_____

4. DATE OF BIRTH:_____ _____ _____
   Month Day Year

   (To be eligible for transportation assistance, a senior citizen must submit proof that he/she is at least 62 years of age by showing a Medicare card, birth certificate, driver's license, or similar document. Disabled residents of Buffalo Grove, regardless of age, who qualify for the CTA/Metra/Pace Special Services card are also eligible to participate in the program.)

_____ _____
Date of Application Signature of Applicant

Date approved:_____ By:_____

Please return completed application to:

Village of Buffalo Grove
50 Raupp Boulevard
Buffalo Grove, IL 60089

Attention: Senior Taxi Program

Identification cards will be mailed as soon as possible.

1/07