

## **FARE DEAL APPLICATION**

The Fare Deal Program allows eligible riders to purchase CincyLink commuter service fare at half the regular price. Discount will be added to your EZfare account upon approval.

\*This program is made possible through the Transit Alliance of Butler County.

All questions must be answered completely before your application will be considered. Please PRINT Clearly

Last Name	First Name
Street Address APT #	
City	State and Zip
Phone Number	<sup>I</sup> Email Address
*Please indicate how you want to pay.	
Do you have an EZfare accoun	nt? Yes or No. I need a reloadable Smart Card - Yes or No
Are you: please check all that	apply
☐ 65 or Older - Please attach	a copy of your drivers license or state ID.
Disabled? Please attach a l your disability.	letter from your medical professional certifying
I Certify, to the best of my know	and a Medicaid Card does not automatically qualify you. wledge, that the the formation on this application isĂ that eligibility is valid for five (5) years and that iration date.
	e submitted via email at: request@butlercountyrta.com, I to our Hamilton office at 3045 Moser Court Hamilton, service
Please call customer service at for processing.	t 513.785.5237 for questions. Please allow up to two weeks
Signature	Date
Internal Use Only	
Approval date:	Expiration date: