



180 N. Delaney Rd. Owosso, MI 48867
(989) 729-2687 or 1-877-667-7100 toll free
Fax: (989) 729-8207

APPLICATION FOR REDUCED FARE

SATA provides curb to curb transportation service at a lesser rate for those persons with a disability.¹ After completing the form below, SATA will evaluate the information on the form. Approval or denial of your application will be provided to you in writing upon request.

The entire form must be completed before an approval will be issued.

Applicant's Name _____

Address: _____

Telephone Number: (Home) _____ (Work) _____

Emergency Contact: _____ Telephone Number: _____

My Documented Disability Is: _____

Please check all that apply:

- I require the use of a lift.
- I travel with a personal assistant.
- I travel with a service animal.
- Other. Please explain. _____

I hereby certify that the information given above is true and correct to the best of my knowledge and belief and I hereby authorize my medical provider to release any information needed to finalize this application.

Applicant's Signature _____
Date

To be completed by a Physician, Health Care Professional, Rehabilitation Professional, or submit this form with other supporting documentation (copy of Benefits Verification Letter from SSI, SSDI, Michigan DHS, or copy of Medicare Card).

Include any other effects of the condition SATA should be aware of: _____

Professional's Name: _____

Address: _____

Telephone Number: _____

I certify that the information provided by the applicant is accurate. _____ Yes _____ No

Signature _____
Date

Title

¹Disability means, with respect to an individual (A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.

APPROVED BY: _____
Executive Director _____
Date

Information on this application will be kept confidential.

Revised 10-3-2013

Our mission is to provide a quality public transportation service to those citizens in need.