APPLICATION

First Name_____ **Last Name**_____

Home Phone_____ **Cell Phone**_____ **Email**_____

Date of Birth_____ **Address** _____ **Apartment #**____

City **WEST HOLLYWOOD** _____ **State** **CA** **Zip Code**_____

Emergency Contact: _____ **Phone:** _____ **Relationship:** _____

Mobility Device:_____	☐ **Yes**	☐ **No**	☐ **Sometimes**
Service Animal:	☐ **Yes**	☐ **No**	☐ **Sometimes**
Attendant:	☐ **Yes**	☐ **No**	☐ **Sometimes**
Door to Door Option (TLC):	☐ **Yes**	☐ **No**	☐ **Sometimes**

Notification Preferences

How would like to receive notifications related to your booked rides (check all that apply):

☐ Text Messaging (using cell phone # above) ☐ Phone ☐ Email

Documentation

☐ I am a resident of West Hollywood and I am enclosing a copy of a current utility bill.

One of the two following items must be checked off:

☐ I am 62 years of age or older. I am enclosing a copy of my DMV ID Card, Passport, or other government-issued photo identification

☐ I have documented evidence of disability. I am enclosing a copy of my current SSI or Disability Approval Letter or check stub.

MAIL COMPLETED APPLICATION, WITH DOCUMENTATION TO:

CityLine Flex
5420 West Jefferson Blvd.
LA, Calif. 90016
Or scan and email to: MVhelp048@mvtransit.com Questions?
Call (800) 447- 2189

I declare, under penalty of perjury under the laws of the State of California that the responses I have given are true. My signature below indicates that I understand that participating service providers are aware that I meet eligibility requirements for this program.

Signature_____ **Date**_____