

**ARLINGTON COUNTY'S**

# Super Senior Taxi Application Form

\_\_\_\_\_  
LAST NAME FIRST MIDDLE INITIAL

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
PHONE NUMBER E-MAIL

\_\_\_\_\_  
DATE OF BIRTH (Month / Day / Year)

\_\_\_\_\_  
SIGNATURE DATE

**Optional if applying with a spouse**

\_\_\_\_\_  
SPOUSE'S NAME

\_\_\_\_\_  
E-MAIL

\_\_\_\_\_  
DATE OF BIRTH (Month / Day / Year)

\_\_\_\_\_  
SIGNATURE

**Please check if you want to receive information about:**

- Other transportation options
- The Directory of Senior Adult Services
- The Senior Adult Recreation Programs

*When you have completed the application please tear off the form at the fold. Fold the form twice to show the address on the back of this page and tape at the edge.*

*Go Where You Want to Go!*