

Ocean City Transportation Department

MEDTRN Service

Financial Assistance - Fare Voucher Request Form

I, _____, a certified ADA eligible patron, request
(Printed Full Name)

acceptance into the Fare Voucher Program due to financial hardship. By signing below I acknowledge that Vouchers will only be available on a "first come first use" basis.

I acknowledge that the availability of the Vouchers are strictly dependent upon private party donations to the MEDTRN Program. I acknowledge that signature upon this form will cause my name to be listed upon a form carried by the driver of the MEDTRN Vehicle and this list will be used for verification purposes each time I board the vehicle.

(Signature)

(Date)