

## TOWN OF AVON SENIOR/DISABLED DIAL-A-RIDE REGISTRATION FORM

Complete and bring or mail this form, with check or money order (payable: Town of Avon) to:

Town of Avon "Dial-A-Ride" Program  
Town Clerk's Office (Building #2)  
60 West Main Street  
Avon, CT 06001

\* PLEASE REMEMBER TO MAKE CHECKS FOR NO MORE THAN \$10

Name:

Miss

Mrs.

Ms.

Mr.

Date of Birth:      /      /  
Last Name (print)      First      Initial      Month      Day      Year

Address:      Phone Number:       
Number and Street (print)

Post Office Box:      Zip Code:     

Enclosed: \$      for      tickets      Signed:     

Date: