

DATE _____

FDR
FLEXIBLE DEMAND RESPONSE
REGISTRATION FORM

NAME _____

ADDRESS _____

DATE OF BIRTH: _____ SCA # _____

TELEPHONE # Home _____ Cellular # _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE #: _____

Do you use a wheelchair/scooter? Yes _____ No _____

Please tell us about your regularly scheduled desired trips. Include the address, day of week or month and the time (AM or PM).

Trip # 1

Pick-up Address: _____ Time: _____

Drop-off Address: _____ Sun Mon Tue Wed Thu Fri Sat
(Circle Days of Week)

Trip # 2

Pick-up Address: _____ Time: _____

Drop-off Address: _____ Sun Mon Tue Wed Thu Fri Sat
(Circle Days of Week)

If you have any questions about this form please call 228-4800 for assistance. Mail to:
RTC (FDR), 600 S. Grand Central Pkwy., #350, Las Vegas, NV., 89106-4512.

Below this line for Regional Transportation Commission use only

ID # _____ DATE: _____ ASSIGNED BY _____