

Athens On Demand Transit  
Rider Data Sheet

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\*\*\*\*\*

\_\_\_\_\_ Disabled \_\_\_\_\_ Elderly \_\_\_\_\_ Developmental Disability

\_\_\_\_\_ Temporary Mobility Issue \_\_\_\_\_ Special Needs \_\_\_\_\_ Accessible

Special Travel requirements: Wheelchair \_\_\_\_\_ Oxygen: \_\_\_\_\_ Other: \_\_\_\_\_

Travel Assistant needed: \_\_\_\_\_ Special needs: \_\_\_\_\_

Directions to Residence: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\*\*\*\*\*

Returning Home Driver Instructions:

No Supervision required: \_\_\_\_\_ Supervision until inside: \_\_\_\_\_ Supervision until visually notified: \_\_\_\_\_

Communication special needs: \_\_\_\_\_

Emergency Contact: Name; \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: Name; \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE RETURN TO: Athens On Demand Transit  
1015 E. STATE STREET  
ATHENS, OHIO 45701**

