



**CYPRESS COUNTY**  
**SPECIAL TRANSPORTATION APPLICATION**

Name of Person Requiring Service:

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Surname	Given Name
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Mailing Address:

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Residence Address:

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Home phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Age: \_\_\_\_\_

Indicate the reason service is required and indicate special equipment used:


How often will the service be required? \_\_\_\_\_

How long will the service be required? \_\_\_\_\_

Who can we contact in case of emergency?

Name:	Name:
Home number:	Home number:
Alternate number:	Alternate number:

Applicant or Guardian signature: \_\_\_\_\_

Office Use Only


*Personal information is being collected by authority of the Municipal Government Act and will be used to administer the County's Special Transportation Assistance policies. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the FOIP Coordinator, 816 - 2<sup>nd</sup> Avenue, Dunmore Alberta T1B 0K3 403.526.2888.*