

Office Use Only	
Date Received:	
☐ Denied ☐ Approved Start Date:	
First Pickup:	DAM □PM
Return Pickup:	DAM

Subscription Request Form

To be considered for Dial-a-Ride Subscription service, all of the following criteria must be met: ☐ Certified to use Metro Bus Dial-a-Ride, except those with Temporary or Visitor certifications ☐ Request is for travel to the **same** destination at the **same** time — **at least** three times a week Requests for Subscription Service are reviewed the first Monday of each month and the five working days following. Approval is based on meeting the set criteria, as well as the availability of service. Subscriptions do not expire; however, if rider cancels 50% or more of the scheduled trips in the month the service may be removed. Riders may place subscriptions on hold for up to 30 days without being required to reapply for subscription. Any other changes to the subscription require reapplication. Please note that pickup times are subject to change based on availability. For more information, refer to the Metro Bus Subscription Policy available on ridemetrobus.com. 1) Applicant Last Name: _______ First: ______ MI: _____ 2) Who to contact regarding this request: Phone: Relationship: Traveling with Personal Care Attendant? ☐ Yes ☐ No Traveling with a wheelchair or scooter? ☐ Yes ☐ No Days Subscription Requested: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat **First Ride** Address: _____Apt #____ Pickup City: ______Zip____ Phone: _____ **Requested** Pickup Time: □AM □PM Drop off ____Apt #____ City: _____ Zip____ Phone: Requested Appt Time: ____ DAM DPM **Return Trip** Address: Apt # Pickup City: _____Zip____ Phone: _____ **Requested** Pickup Time: _____ □ AM □ PM Apt # Drop off