



Application for Metro Senior Citizen Permit

PART I (FILLED OUT BY THE APPLICANT). PLEASE PRINT.

Name: (last, first, middle initial): _____

Phone: _____

Email (optional): _____

Address: (street, city, state, zip): _____

Birthdate: Month _____ Day _____ Year _____

I am 65 or older and submit a **copy** of the following proof:

- Driver's License
- Medicare Card (qualifies for permit regardless of age)
- Birth Certificate
- Wisconsin ID

I certify that the above information is correct.

Applicant's Signature: _____ Date: _____

MAIL COMPLETED FORM TO:

Metro Transit
1245 E. Washington Avenue
Madison, WI 53703

QUESTIONS? CALL CUSTOMER SERVICE:

608-266-4466

PART II (FILLED OUT BY METRO TRANSIT)

Signature of Metro Representative: _____

Date: _____ Mailed by: _____ Date Mailed: _____