



HCT APPLICATION FOR SENIOR CITIZENS

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS APPLICATION

The City of Hattiesburg and Hub City Transit is committed to providing services that allow those with disabilities to travel on our regular public transportation routes, therefore **ALL FIXED ROUTE BUSES ARE WHEELCHAIR ACCESSIBLE.**

Senior Citizens (62 and older) who are able to ride the Fixed Route Service will ride at a reduced fare. Please complete and return **with your signature** to Hub City Transit (*please see address at bottom of page*).

APPLICANT INFORMATION (please print)

Date submitted: _____/_____/_____

Please check one: New Applicant Re- Certification Application

Name: _____

First Name

MI

Last Name

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Primary phone #: _____ Alternate phone #: _____

DOB: _____/_____/_____ Male **OR** Female Hispanic **OR** Non-Hispanic

In case of emergency, contact: _____

Emergency contact phone #: _____

Signature of Applicant

Date

. No information will be shared with an outside entity.

Please mail **completed** applications to:

**Hub City Transit Operations Center
1001 S. Tipton Street
Hattiesburg, MS 39401**

OR

Fax to: (601) 545-7507