



## Dial-A-Ride Application

**Ridership access valid from September 1<sup>st</sup> 2025 – August 31<sup>st</sup> 2026**

**Return applications to 40 Dyer Ave, Canton, CT 06019**

**Checks or money orders for \$50 per person or \$100 per couple must be made out to  
Town of Canton**

**Credit card payment accepted online at [www.townofcantonct.org/transportation](http://www.townofcantonct.org/transportation)**

<b>Contact Information</b>	
<b>Name</b>	<b>Date of Birth</b>
<b>Address</b>	<b>Email</b>
<b>Phone</b>	<b>Phone</b>
<b>Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Service Animal <input type="checkbox"/> Aide <input type="checkbox"/> Disability _____</b>	
<b>Race: Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Latino <input type="checkbox"/> Other _____</b>	
<b>Person to Notify in Case of Emergency</b>	
<b>Name</b>	
<b>Relationship</b>	
<b>Street Address</b>	
<b>City, State, Zip Code</b>	
<b>Phone</b>	

**Signature of Enrollee(s):**

X \_\_\_\_\_

X \_\_\_\_\_

***By signing above, I have read the town of Canton's Transportation Policy & Procedures & agree to abide by these rules  
& regulations.***

40 Dyer Ave  
Canton, CT 06019

(860) 693 5811  
[sass@townofcantonct.org](mailto:sass@townofcantonct.org)

[www.townofcantonct.org/senior-services](http://www.townofcantonct.org/senior-services)

Revised 06.12.25

**For Office Use:**

Fee Received ☐ Yes

Amount \$ \_\_\_\_\_

Check Number: \_\_\_\_\_

Money Order Number: \_\_\_\_\_

Cash: \_\_\_\_\_

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered into System \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials: \_\_\_\_\_

Expiration Date: **8/31/2026**