

# Application for Half-Fare Card

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Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Type of Proof of Eligibility (please submit a copy):

- Medicare Care       ADA Eligibility Card       Special Identification Card
- Letter of Eligibility From Authorized Agency (physician's statement, County agency, etc.)

Please mail or bring this application and copies of all submitted proofs of eligibility to:

HARBOR TRANSIT  
440 N. Ferry St.  
Grand Haven, MI 49417

For Office Use Only:

Date application received: \_\_\_\_\_

Taken by: \_\_\_\_\_

Half-fare card expiration date: \_\_\_\_\_

Transportation Director signature: \_\_\_\_\_