

## Customer Service

For more information about Cityride, call from the 213, 310, 323 or 818 area codes at:

**808-RIDE (808-7433)**

**TDD Number for Hearing-Impaired  
(800) 559-1950**



A transportation program for qualified seniors and individuals with disabilities living in the City of Los Angeles and designated areas of Los Angeles County. Cityride is funded by Proposition A, Local Transit Assistance (PALTA) funds and administered by the City of Los Angeles Department of Transportation with the assistance of the Department of Aging.



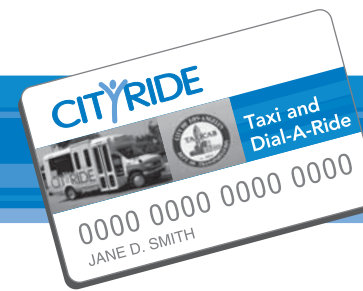
City of Los Angeles

# CITYRIDE Application



**Also available online at  
[www.ladottransit.com](http://www.ladottransit.com)**

**Effective August 2010**



The City of Los Angeles Department of Transportation, through the Cityride Program, offers qualified seniors and individuals with disabilities living in the City of Los Angeles and designated areas of Los Angeles County, reduced cost for:



City of Los Angeles Permitted Taxi Rides



Cityride Dial-A-Ride Service

To be eligible for Cityride, you must be aged 65 or older, or have a disability and live in the City of Los Angeles or portions of the following Los Angeles County unincorporated areas: Kagel Canyon, Calabasas, Topanga, Marina del Rey, and areas near Carson and Long Beach.

As registered member, you will receive a Cityride Card with your name and card number on it (keep it safely in your purse or wallet). You may purchase \$42 in fare value quarterly, which Cityride will load onto your Cityride Card for payment of taxi and/or Cityride Dial-A-Ride service.

If you live in the City of Los Angeles or in the unincorporated areas of Los Angeles County, you may use your \$42 fare value to purchase Cityride Dial-A-Ride service and/or City-permitted taxi service.

## First-Time Application

Applicants should submit:

1. A completed and signed form.
2. **For seniors:** A copy of your birth certificate, Medi-Cal card, DMV card, passport or other government-issued document showing your age.

### For persons with disabilities:

A copy of your Metro disabled identification.

**Low-Income:** To qualify for a low-income rate, a copy of your Medi-Cal card or your Supplemental Security Income award letter is required.

3. You may place your first order with this application by including a check\*/money order payable to Cityride.

You may purchase \$42 in fare value on a quarterly basis for \$21 (or \$9 for low-income).

4. Mail all applicable items to:

Cityride  
P.O. Box 866003  
Los Angeles, CA 90086

\* Returned Checks incur a \$35 fee.

## Emergency Preparedness Plan

As part of the City of Los Angeles' Emergency Preparedness Plan, Cityride can provide your name, address and telephone number to authorized emergency responders. This would be used to locate individuals for possible evacuation in the event of a disaster.

Please check a box on the application if you would like Cityride to provide your information.

## CITYRIDE Application for Registration

*Esta aplicación también se puede conseguir en español.*

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
(Please Print)

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

Email address (optional) \_\_\_\_\_

### I am enclosing documentation that I qualify for Cityride as:

- A Senior Citizen, 65 or older** (A copy of your birth certificate, Medi-Cal Card, passport, DMV card, or other government-issued document showing your age.)
- Having a Disability** (A copy of your Metro disabled identification is acceptable proof. A doctor's note is valid proof for 60 days, after which you must obtain Metro disabled identification.)

I am enclosing a copy of my Supplemental Security Income Award letter or Medi-Cal card which qualifies me for the low-income rate

I currently use a wheelchair

### Emergency Preparedness Plan

Yes, provide my information       No, do not provide my information

I declare, under penalty of perjury, under the laws of the State of California that the responses I have given are true.

\_\_\_\_\_  
Applicant's signature (or guardian, if applicable)      Date

Cut along dotted line