

# E Application for Metro Senior Citizen Permit

**PART I** (To be filled out by the Applicant) Please print.

NAME: (Last, First, Middle Initial) \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: (Street, City, State, Zip) \_\_\_\_\_

My birthdate is: Month \_\_\_\_\_ Day \_\_\_\_\_ Year: 19 \_\_\_\_\_

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
- Service Discharge Papers
- Wisconsin ID

*I certify that the above information is correct.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL COMPLETED FORM TO:**  
**Metro Transit**  
**1101 E. Washington Avenue**  
**Madison, WI 53703**

**PART II** (To be filled out by Metro Transit)

Signature of Metro Representative \_\_\_\_\_

Date: \_\_\_\_\_ Mailed by: \_\_\_\_\_ Date Mailed: \_\_\_\_\_



**For more information or help with this application – Call Metro Reception**  
**Phone: 266-4904 TTY/Textnet: 1-866-704-2316 Fax: 267-8778**