



To all TD Bus Pass Clients:

Prior to GPTMS sending out a Bus Pass, you will need to fill out this form each month to determine if you have enough appointments to receive a bus pass. Please enclose your check for \$4.20. We cannot process your application without it.

Client's Name _____

Address: _____

Date of Birth: _____

How many times during a typical month will you use your pass? _____

What types of trips do you use your pass for? _____

Doctor appointment info:

Dr. Name: _____

Dr. Name: _____

Dr. Phone: _____

Dr. Phone: _____

Dr. Address: _____

Dr. Address: _____

Appointment Date: _____

Appointment Date: _____

Dr. Name: _____

Dr. Name: _____

Dr. Phone: _____

Dr. Phone: _____

Dr. Address: _____

Dr. Address: _____

Appointment Date: _____

Appointment Date: _____

Work Info:

Employer: _____

Employer Phone: _____

Supervisor Name: _____

Days Worked: _____ Hours Worked Daily: _____ Hourly Wage: _____

You will need to complete this form completely including phone numbers and dates. We verify appointments before we issue any bus passes. If you are using the pass for AA and/or NA you will need to send in a copy of your sign in sheet. If you need more room please use the back of this page.

Fax or mail completed form to:

Community Transportation Services
13825 Icot Blvd #613
Clearwater, FL 33760
FAX: (727) 544-0171
Phone: 727-545-2100