

**GoMonrovia****Monrovia Transit Application****Please complete application and return to:**

600 S. Mountain Ave. Monrovia, CA 91016, Mon – Thurs 7:00 a.m. – 6:00 p.m.

Phone: Sophia Sousa at (626) 932-5512

Email: [gomonrovia@monroviaca.gov](mailto:gomonrovia@monroviaca.gov)

Please answer all questions on this form, and return the application to the Monrovia Public Works Department. Incomplete applications will not be processed and will be returned to the applicant for completion.

Submit the following to initiate your Dial-A-Ride Certification:

1. **Completed Application** (including signed waiver and code of conduct on Page 2)
2. **Eligibility Documentation**, which can be a copy of any **one** of the following:
  - Identification Card or Driver's License (option for senior passengers 62+)
  - Current Access ID Card
  - Current SSI/SSDI Award Letter
  - Valid Blue California DMV Disabled Placard Receipt
  - Department of Veterans Affairs Documentation of Service Connected Disability
  - Current Transit Discount ID for Disability
  - Doctor's Note/Written Recommendation for Use of Transit
  - Other (Please contact Sophia Sousa to determine if other documentation will suffice)

**Applicant Information:**

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Primary Language (Optional):**    ☐ English    ☐ Spanish    ☐ Other \_\_\_\_\_**For Senior Passengers (Optional):** Initial here if you identify as someone with a disability(ies): \_\_\_\_\_

**Travel Needs:** Which of the following mobility aids or equipment do you anticipate using on Monrovia Transit?  
 (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None                | <input type="checkbox"/> 3 or 4 Wheel Scooter | <input type="checkbox"/> Leg Braces      |
| <input type="checkbox"/> Manual Wheelchair   | <input type="checkbox"/> Walker               | <input type="checkbox"/> Service Animal  |
| <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Cane/Crutches        | <input type="checkbox"/> Portable Oxygen |
| <input type="checkbox"/> Other _____         |   |  |

Do you travel with a personal care attendant?

- ☐ Always                      ☐ Sometimes                      ☐ Never

**Emergency Contact:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Waiver, Release, Hold Harmless, and Agreement Not to Sue**

I, \_\_\_\_\_ (FULL NAME), have read and accept the Monrovia Transit Code of Conduct. I fully understand that my participation in Monrovia Transit (hereinafter "program") exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage as a result of said program, including but not limited to vehicle operations and boarding and exiting the vehicle. I hereby acknowledge that I am voluntarily participating in this program and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Monrovia, its officers, agents, and employees (collectively, "City of Monrovia") for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the program from whatever cause, including the active or passive negligence of the City of Monrovia or any other participants in the program. The parties to this Acceptance and Waiver understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Monrovia from any and all claims, demands actions or suits arising out of or in connection with my participation in the program.

Furthermore, I accept and agree to abide by the Monrovia Transit Code of Conduct as established and communicated by the City of Monrovia. I understand that failure to adhere to the Code of Conduct may result in suspension or termination of my participation in the program.

**Signature:** \_\_\_\_\_

- I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.
- I certify that the information I gave in this application is true and correct.

**Application Representative:** If applicant is under 18 years of age or someone other than the applicant is completing this application, the following must be provided:

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

Signature: \_\_\_\_\_

Relationship to  
Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_