

PLEASE PRINT LEGIBLY

Received Date: _____ Process Date: _____

Exp. Date: _____ Client ID: _____

Paratransit Riders Choice Pilot Program Enrollment Form

Eligibility Requirements:

Must be a currently eligible TOPS customer with at least **1 year** of TOPS eligibility **AND** taken **at least 100 trips** on TOPS during the past 12 months.

If you have pilot program questions, you may call 954-357-8405, email RidersChoice@Broward.org or visit Broward.org/BCT/Pages/RidersChoice.aspx for the most current program information.

_____ Yes, I agree to participate in the Paratransit Riders Choice Pilot Program. I understand that the Riders Choice Pilot Program will pay the first \$18 of the metered fare when I swipe the program payment card and I am responsible for paying any remaining balance. I also understand that I must always have my Riders Choice card with me when traveling or I am responsible for the entire cost of the trip.

Client's Signature: _____ **Date:** _____

Client not available for signature:

Preparer: _____ Relationship: _____

Contact Phone Number: _____ Email Address: _____

General Client Information:

TOPS! ID # _____ Email Address: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Other Phone: _____

Mail this signed and dated Riders Choice Pilot Program enrollment form to:

**Broward County Transit - Paratransit Services
1 North University Drive, Suite 3100 A
Plantation, FL 33324**

OR you may complete, sign, scan and email this enrollment form to:

RidersChoice@Broward.org