

# IOWA COUNTY TRANSPORTATION CLIENT REGISTRATION/TRANSPORTATION REQUEST

Return to Iowa County Transportation at: Mail: PO Box 191, Marengo, Ia 52301  
Office Phone: Email: [icot@iowatelecom.net](mailto:icot@iowatelecom.net)  
(319) 642-7615 Fax: (319) 642-3883

Complete the client registration information for new clients only.

FIRST NAME	MI	LAST NAME	ADDRESS	CITY	ZIP
BIRTHDATE	AGE	ETHNICITY	PRIMARY PHONE	2ND PHONE	
EMAIL ADDRESS (Optional)			GENDER (CIRCLE ONE)		
			Female Male		
MOBILITY TYPE (CIRCLE ONE)					
AMBULATORY AMBULATORY-LIMITED CANE CAR SEAT CRUTCHES WALKER WHEELCHAIR					
FUNDING SOURCE (I.E., PRIVATE PAY, CARE FACILITY PAY, TITLE XIX, ELDERLY WAIVER, ETC.)					
EMERGENCY CONTACT(S)					
FIRST NAME	MI	LAST NAME	RELATIONSHIP	PHONE	
BILL TO AND ADDRESS					

## RIDE REQUEST:

Complete the ride request information for each new ride you desire to schedule

FIRST NAME	MI	LAST NAME	APPOINTMENT LOCATION (NAME AND ADDRESS)	
APPT DATE	AT	APPT TIME	PICKUP LOCATION	RETURN
				YES NO
CONTACT NAME	PHONE	MOBILITY DEVICE (TYPE)	ATTENDANT	
			YES NO	
NOTES:				

## ICOT OFFICE USE:

P/U TIME	ON	DAY OF WEEK	DATE	ANTICIPATED RETURN P/U TIME

If person is a minor(under 18 years of age) signature of parent authorizing Iowa County Transportation to transport:

Parent/Guardian Signature: \_\_\_\_\_