



## **PHYSICIAN CERTIFICATION**

I, Dr. \_\_\_\_\_, hereby certify that the Dial-A-

(Physicians Name \_Please Print)

Ride applicant \_\_\_\_\_, has a disability which prevents

(Applicant's Name- Please Print)

them from being able to access traditional public transportation vehicles (city buses) and is in need of transportation services through the Town of Windsor Dial-A-Ride program.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License number