



MARION TRANSIT

CLIENT AFFIDAVIT

I hereby AFFIRM that _____ the information provided to Marion Transit
to complete the **Client Intake Form** determining qualification for transportation is true and accurate to
the best of my knowledge and I will immediately notify Marion Transit of any changes to my status.

PRINT NAME

Date: _____

Signature

Contact Information:

The "Transportation Disadvantaged" are persons who are defined as having a mental or physical disability, the poor (income level at or below 150% of the Federal Poverty Guidelines) by age (Age = 60+ or <16 years old) unable to transport themselves.

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