

Application for Transportation for the Disabled

Please Print Clearly:

Date of Birth:

Type of disability:

Doctor's Remarks:

Doctor's Phone Number

Please return form to:
Engineering & Transportation Division
Municipality of Chatham-Kent
315 King Street West P.O. Box 640
Chatham, ON
N7M 5K8
Phone: 519-360-1998
Fax: 519-436-3240