

Mountain Line
Application for Reduced Fare

Approved _____

Card Sent _____

Name _____ Phone Number _____

Address _____

I am applying for reduced fare on the following basis. **Please check only one.**

- I am 60 years of age or older. I have attached a copy of official documentation verifying age.
- I am receiving Social Security Disability Benefits. I have attached proof of eligibility.
- I am presenting a copy of a valid **Medicare** card.
- I am providing a copy of a valid Discount Fare Card from another transit authority or ADA Paratransit Eligibility.
- I am medically disabled as certified by a healthcare professional. Certification is attached.

Applicant Signature _____ **Date** _____

*Please return completed application and documentation to **Mountain Line, 1221 Shakespeare, Missoula, MT 59802.** Incomplete applications will be returned. Upon approval of completed application, a card will be mailed to you. Card must be shown to bus operator to receive reduced fare.*