

# Fairfield and Suisun Transit

## Reduced Fare Taxi Card Application



### Dear Reduced Fare Taxi Card Applicant:

Attached is an application form for a Reduced Fare Taxi Card, a program administered through the City of Fairfield/Fairfield and Suisun Transit (FAST). Reduced Fare Taxi services are available to all residents of Fairfield who are 60 years of age or older **and to Fairfield residents who are ADA paratransit qualified**. Taxi cardholders may ride the taxi within Fairfield and pay their fare with local taxi scrip. You must show proof of eligibility each time you ride the taxi under this program.

**Taxi trips taken under this program must be paid for with local taxi scrip.** Cash is not accepted for taxi trips taken under this program. Local taxi scrip is available for purchase at the Fairfield Transportation Center, 2000 Cadenasso Drive, Fairfield, CA 94533. Local taxi scrip may also be ordered through the mail by using the Local Taxi Scrip Order Form, which is available upon request by calling (707) 434-3800 or online at [www.fasttransit.org](http://www.fasttransit.org). A \$20 book of local taxi scrip is available for a cost of \$10. Local taxi scrip is limited to 40 books per eligible passenger, per month. **Taxi scrip is not to be used for tipping the drivers.** You can purchase \$3.50 scrip at the Adult Recreation Center (ARC) to get to and from the ARC only.

**Taxi trips are available for curb-to-curb service, 24 hours a day, 7 days a week, which makes this an effective transportation option for travel to and from work at all hours of the day or night.**

To ensure your application is processed in a timely manner, the following information must be provided:

1. **Complete application.** Write as legibly as possible. Delays will result if we are unable to read the application so PLEASE PRINT.\*
2. **Proof of age.** Age must be verified with a California driver's license or California identification card. Other sources proving date of birth may be accepted. Attach a copy of proof of age to this application.\*
3. **Proof of residency in Fairfield.** Identification must be from a recognized source (California driver's license or California identification card, recent utility bill, check deposit slip, etc.). Attach a copy of proof of residence to this application.\*

**\*Residents who are ADA paratransit qualified do not need to fill out a Reduced Fare Taxi Card Application as they are automatically enrolled in this program upon their ADA (paratransit) approval.**

**\*Residents who are non-ambulatory will need to contact ADA Coordinator at (707) 434-3800 for accessible vehicle rides.**

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NOTE: Please be sure you have read the cover letter to this application. Processing will be delayed if the application has not been properly completed and/or the required documents are not submitted. If you have not received a response to this application within three weeks of the date your completed application is received by the City of Fairfield, call (707) 434-3800.

Eligibility for a Reduced Fare Taxi Card requires that the applicant is at least 60 years of age and a resident of Fairfield or **be qualified for ADA paratransit.**

Please attach evidence of your residential address and date of birth to this application. Without this information, the application will not be processed.

### **PLEASE PRINT**

|  |       |          |                    |
|--|-------|----------|--------------------|
| Name:  | _____ | _____    | _____              |
|  | Last  | First    | M.I.               |
| Address:   | _____ |          |                    |
| City:  | _____ | Zip Code | _____              |
| Phone:   | _____ | Male     | _____ Female _____ |
| Birthdate:   | _____ |          |                    |
| <i>I understand that there is a charge for the taxi service, and that taxi trips under this program must be paid for by using local taxi scrip; cash payments are not allowed. Taxi scrip may not be used for tipping drivers.</i> |       |          |                    |
| Signature:   | _____ | Date:    | _____              |

Mail completed application to: City of Fairfield  
2000 Cadenasso Drive  
Fairfield, CA 94533

### **REMEMBER TO INCLUDE:**

- Completed Application with Signature
- Copy of Proof of Date of Birth
- Copy of Proof of Residence

Free language assistance | Asistencia gratis en su idioma | Libreng tulong para sa wika | 免費語言幫助  
(707) 434-3800 or (707) 422-2877