



39 Main Street, Suite 9 Saranac Lake, NY 12983-2294
Phone: (518) 891 - 4150
Fax: (518) 891 - 1324
Web Site: www.saranaclakeny.gov

RIDESHARE PILOT PROGRAM APPLICATION

Applicant Information:

Name: _____ Phone: _____

Home Address: _____
(Street Number) (City) (Zip)

Date of Birth: _____

Email Address: _____

Is annual household income less than \$25k? Yes No

What is your current means of transportation? _____

Main need for ride assistance (medical appointments, grocery shopping, etc.): _____

Additional Information (i.e. physical limitations, language barriers): _____

Emergency Information:

Emergency Contact Name: _____ Relationship: _____

Contact Info (phone/email): _____

Applicant Signature

Date: _____