

## SENIOR CITIZEN TRANSIT PASS APPLICATION (2009 – 2010)

<input type="checkbox"/> MR. <input type="checkbox"/> MRS.  <input type="checkbox"/> MISS <input type="checkbox"/> MS.	SURNAME	FIRST NAME	INITIALS
SUITE	ADDRESS		
CITY	PROVINCE	BIRTH DATE YYYY    MM    DD	
TELEPHONE NUMBER  	APPLICANT'S SIGNATURE	DATE YYYY    MM    DD	
<p>The personal information requested on this form is being collected for the purpose of administering the Senior Citizens' Transit Pass Program under the authority of Sections 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is protected by the FOIP Act. If you have any question about the collection, contact Calgary Transit Call Centre at (403) 262-1000.</p>			
<b>FOR OFFICE USE ONLY</b>			
<input type="checkbox"/> <b>\$15.00</b> GUARANTEED INCOME SUPPLEMENT/FEDERAL SPOUSE'S ALLOWANCE RECIPIENT			
<input type="checkbox"/> <b>\$35.00</b> NON GUARANTEED INCOME SUPPLEMENT RECIPIENT			