

Sample Customer Information Sheet

Thank you for riding _____. We're going to be using a new software system, Easy Rides®, to help us do a better job serving you and other riders. One of the improvements will be to offer quicker trip scheduling, because the system stores each customer's data for easy reference. Please take a few minutes to complete this form, so we can make trip scheduling easy for you in the future.

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ APT #: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: (_____) _____

BIRTHDATE: _____ YEAR: _____

MEDICAID #: _____

If you needed help or had an emergency we'd like to call a person you choose.

CONTACT NAME: _____

CONTACT PHONE: (_____) _____

Select all that apply:

GENDER: FEMALE MALE

RACE: WHITE HISPANIC AFRICAN-AMERICAN OTHER, _____

DO YOU USE: WHEELCHAIR WALKER OR CANE ATTENDANT

SERVICE ANIMAL HEARING AID OR DEVICE NO ASSISTANCE NEEDED

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. IF YOU HAVE ANY QUESTIONS OR COMMENTS PLEASE CALL _____