



NEW TRIER TOWNSHIP MOBILITY PLUS APPLICATION

To qualify, you must be certified by a registered doctor as a person with a server mobility impairment that requires the need for a wheelchair or motorized scooter. Once the doctor has signed the form, your identification card may be issued.

TO BE COMPLETED BY THE APPLICANT

Name		
Street Address		
City	State	Zip Code
Email		
Home Phone	Alternate Phone	
Signature of Applicant	Date	

TO BE COMPLETED BY DOCTOR

This is to certify that the applicant named above needs the assistance of a wheelchair or a motorized scooter that would require the use of a lift-equipped vehicle for transportation in one of the following ways.

Permanent eligibility _____ Yes _____ No		
Temporary eligibility extends through this date		
Signature of Physician		
Print or Type Name of Physician		
Registration Number	Phone Number	
Street Address		
City	State	Zip Code
Date		

Return to: New Trier Township
739 Elm Street
Winnetka, IL 60093
Phone: 847-446-8202 or Fax: 847-446-1743

01/07 ID# _____