



**City of Annapolis**  
**Transportation Department**  
 308 Chinquapin Round Road  
 Annapolis, MD 21401-4007



[Transit@annapolis.gov](mailto:Transit@annapolis.gov) • 410-263-7964 x 107 • 410-269-0674 • Fax 410-269-5989 • TDD 410-263-7943 • [www.annapolis.gov](http://www.annapolis.gov)

## Special Summer Youth Pass Application

*This information is confidential and will not be released by the Annapolis Department of Transportation.*

1. Provide a current school photo identification card and check or money order for \$25 (pass available).
2. Provide a suitable identification photo of the student, not larger than 1.5" x1.5", and check or money order for \$25 (pass will be available later).
3. To pay cash, have photo taken or pick up passes apply in person at the above address.

### Conditions of use

- Pass will provide one individual between 12 - 18 years of age unlimited use of all Annapolis Transit routes.
- Pass is valid from July 1 through August 31 of the year purchased.
- Verification of age may be required.
- Provide a **school-issued photo ID** or an **identification photo not larger than 1.5" x 1.5"**.
- Pass is property of Annapolis Transit and must be displayed or returned upon request.
- Rude or hostile behavior or violation of rules while on the bus or at the bus stop will result in revocation of the pass.
- Pass is for one individual as identified below and by photo; pass may not be transferred or sold.
- Pass is not replaceable nor refundable. If lost, the pass will not be replaced. If revoked, it will not be refunded.
- No smoking, eating, drinking or carrying open containers in Annapolis Transit facilities.
- Use of audio/video equipment permitted only with earphones.
- Riders must remain seated or hold securely to support while bus is in motion.

### Personal information

Youth's full name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

By signing below I agree to the conditions of use.

Name of parent or adult guardian \_\_\_\_\_

Youth signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below I agree to the conditions of use and I have given permission for my child or ward to ride Annapolis Transit buses in accordance with the conditions described.

Name of parent or adult guardian \_\_\_\_\_

Telephone(s) \_\_\_\_\_

Address, if different from above \_\_\_\_\_

Adult signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR CITY USE ONLY

	<u>Initial</u>	<u>Date</u>	<u>Photo</u>	<u>Pass #</u>	
Age verified	_____	_____	Youth _____	_____	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;">           Attach Photo Here         </div>
Application complete	_____	_____	AT _____	_____	
Payment received	_____	_____			
Pass distributed	_____	_____			