



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



Transit@annapolis.gov • 410-263-7964 ext. 6023 • Fax 410-263-4508 • TDD use MD Relay or 711 • www.annapolis.gov

Special Summer Youth Pass Application

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

1. To obtain a pass, please complete application and bring to the address above, attention Rosa Fuller
2. You must appear in person for your photo to be taken at no cost to you.
3. Application may be processed and a pass may be issued during your visit.
4. Fee for pass: \$ 35.00.
5. Acceptable forms of payment are check, cash, or money order.

Conditions of use

- Pass will provide one individual between 12 - 18 years of age unlimited use of all Annapolis Transit routes.
- Verification of age may be required.
- Pass is valid from June 16, 2016, through August 31, 2016.
- Pass is property of Annapolis Transit and must be displayed or returned upon request.
- Pass is for one individual as identified below and by photo; pass may not be transferred or sold.
- Inappropriate behavior or violation of rules while on bus or at bus stop will result in revocation of pass.
- Pass is not replaceable or refundable, if pass is lost or revoked.
- No smoking, eating, drinking or carrying open food or beverage containers in Annapolis Transit vehicles is permitted.
- Use of audio/video equipment permitted only with earphones.
- Riders must remain seated or hold securely to support while bus is in motion.
- Pass must be presented to bus operator upon boarding.

Personal information

Youth's full name _____

Address _____ Apt # _____

City _____ ST _____ Zip _____

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

Pass # _____

Initials _____ *Date* _____

Initials _____ *Date* _____

Age verified _____

Payment received _____

Application complete _____

Pass distributed _____