



## **MiniBus Registration Form**

Name: \_\_\_\_\_ Surname \_\_\_\_\_ First Name \_\_\_\_\_

Municipal Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relationship \_\_\_\_\_

Do you require assistance to and from vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical disorders and/or disabilities that we need to be aware of?  
\_\_\_\_\_

Do you use special equipment: Wheelchair, walker, cane etc.

Specify: \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

The personal information collected on this form will be used by the County of Newell Minibus Service to ensure the safety of all riders and provide appropriate assistance during transit as well as to contact riders regarding route changes, service updates, or in the event of an emergency. This collection is authorized under section 4 (c) of the Protection of Privacy Act and Division 3 Public Utilities General of the Municipal Government Act. The personal information collected will be protected by section 10 of the Protection of Privacy Act. Please direct any questions about this collection to the Privacy Officer for the County of Newell at 403-362-3266 or [administration@newellmail.ca](mailto:administration@newellmail.ca)