

MMT

Marshalltown Municipal Transit

PERSONAL ASSISTANCE CERTIFICATION

Name: _____ MMT ID Number: _____
Last First MI

Address: _____

City State Zip Code

Home Telephone: _____ Work Telephone: _____

What is your disability? _____

What mobility equipment do you use? _____

I certify that I need the services of a personal assistant to make independent travel possible. A personal assistant is someone designated or employed specifically to assist me with the completion of at least one daily activity on a regular basis.

I will need a personal assistant: _____ permanently, _____ temporary, or _____ occasionally.
If temporarily, provide expected duration _____

I certify that the information provided is true and correct.

Signature: _____ Date: _____

Witness (if completed by someone else): _____