



Attachment B

**REQUEST FOR REDUCED CHILDREN’S FARE
WITH DISCOUNT FARE CARD**

I wish to request certification to allow my children, under the age of 18, (listed below) to travel with me when I use my Discount Fare Card and pay the Disability Reduced Fare while traveling on Santa Cruz METRO Fixed Route service.

CHILDREN:

Name: _____	Birthdate: _____
Name: _____	Birthdate: _____
Name: _____	Birthdate: _____
Name: _____	Birthdate: _____

Discount Fare Card Holder:

Print Name: _____

Address: _____

Signature: _____ *Date:* _____

After completing the top portion of this form, please submit the completed form to the Customer Service Representative at Santa Cruz Metro Center (Pacific Station), or Watsonville Transit Center. The Customer Service Representative will then place a sticker on your Discount Fare Card, which allows you to pay a Discounted Fare for your children when they accompany you on Santa Cruz METRO Fixed Route bus service.