PLEASE PRINT LEGIBLY

Received Date: _____ Process Date: _____

Customer TOPS ID #: _____

Paratransit Rider's Choice Program Enrollment Form

Eligibility Requirements:
Must be a currently eligible TOPS customer with at least **6 months** of TOPS eligibility **AND** taken **at least 50 trips** on TOPS.

If you have program questions, you may call 954-357-8405 or 954-357-8400, email RidersChoice@Broward.org or visit RidersChoice.org .

_____ Yes, I agree to participate in the Paratransit Rider's Choice Program. I understand that the Rider's Choice Program will pay the first **$30** of the metered fare when I swipe the program payment card and I am responsible for paying any remaining balance. I understand trips are **limited to 14 trips per week (Sunday-Saturday)** and must start and end in Broward County. I also understand that I must always have my Rider's Choice card with me when traveling or I am responsible for the entire cost of the trip.

Customer Signs: _____ Date: _____
Customer not available for signature:

Preparer: _____ Relationship: _____ Date: _____
Contact Phone Number: _____

General Customer Information:

TOPS! ID # _____ Email Address: _____

Last Name: _____ First Name: _____ MI: ____

Street Address: _____ Apt: _____
City: _____ State: _____ Zip Code: _____
Primary Phone: _____ Other Phone: _____

Email Rider's Choice Program enrollment form to: RidersChoice@broward.org
Or mail to:

Broward County Transit - Paratransit Services
1 North University Drive, Suite 2400 B
Plantation, FL 33324