

Bus Pass Application Form



Devizes Visitor Centre
Cromwell House
Market Place
Devizes
SN10 1JG
Telephone: 01380 734669
Please ask for Mrs Butler
E-mail: carole.butler@kennet.gov.uk
Website: www.kennet.gov.uk

Before completing this form
refer to guidance notes included

NAME AND ADDRESS OF APPLICANT

TELEPHONE NUMBER
OPTIONAL

1. FULL NAME

2. ELIGIBILITY- (see guidance note 2)

Please tick box (es) which apply to you. Please note, proof of age or disability must be provided.

- SENIOR CITIZEN Date of Birth
- DISABILITY (see guidance notes)
- PERSON NOT PERMITTED TO DRIVE ON MEDICAL GROUNDS

3. (See guidance note 3) If you are unable to use public transport without the aid of a companion and wish to obtain a COMPANION Pass please tick

4. (See guidance note 4) I hereby declare that I am eligible to apply for a free bus pass and will inform Kennet District Council should my circumstances change or I move from the area. I will abide by the conditions of use that may be revised from time to time.

I enclose

The required evidence My photograph

Signed

Date

Information collected on this application form will be held confidentially on databases at Kennet District Council and Euclid Ltd who produce the passes.

**If you lose your bus pass inform Kennet District Council immediately.
A duplicate will be made for a nominal charge of £5.00**

FOR OFFICE USE

1. Eligibility Details

Confirm eligibility category for which pass was issued

Temporary eligibility

Evidence of eligibility seen as below

Passport

Disability Card

Doctors Letter

Birth Certificate

DSS Registration

Other Please Specify

2. PASS TYPE

Free Travel

Disabled

Companion

DATE RETURNED

INFORMATION TAKEN BY