

CAPE COD RTA GO CARD TRAVEL PASS ID FORM

Please Provide the Following Information:

First:

Middle:

Last:

YEAR of Birth:

MAILING ADDRESS:

Street Address:

Apt #

City/Town:

State:

Zip Code:

Phone: () _____

E-Mail: _____

Customer Signature: _____

BELOW FOR RTA INTERNAL USE ONLY:

Pass Type (Circle): Senior T.A.P.

Date: _____ Staff Init.: _____

R.T.A. Location: _____

Card # 5- _____

GO Card Exp. Date: _____

New: ___ Lost: ___ Lost ID#: _____

Update Contact Info.: _____



Distribution Date: _____

The information provided by you will only be used by the Cape Cod RTA and its authorized agents. We will use this information only for customer service purposes, including creating an account for your participation in one of our Reduced Fare Programs.