

CERTIFICATION

I hereby certify that I am a resident of the City of Carroll, Iowa and that I am a person with physical or mental disabilities as certified by a physician or that I am 60 years of age or older. In consideration of the services sponsored by Region XII Council of Governments, I agree to hold harmless and to indemnify Region XII Council of Governments, the City of Carroll, Iowa, the State of Iowa, Elderbridge Area Agency on Aging, and the Federal Government, from all damages and injuries to persons or property arising out of my use of services furnished by any taxi service that the tickets are used for.

Printed Name _____

Signature _____

Address _____

Date: _____

Doctor's Certification Receipt received: Yes _____ Date _____
No _____