



Lemont Township Dial-A-Ride Bus Rules & Regulations/Acknowledgement

- Reservations for the Bus must be made at least 24 hours in advance by calling the Township Office at **630-754-8901**.
- Passengers must contact the Township office to cancel or change an appointment as soon as possible and no later than 8:45AM on the day of the appointed ride.
- **Cancellations made later than 8:45AM will be considered a “No show”. (Two “No shows” in a 30 day period will result in temporary loss of rider privileges for at least 1 week.)**
- **Pace guidelines restrict drivers from leaving the bus to assist riders to their homes, into stores, or at medical appointments. Drivers are only allowed to leave the bus to assist riders getting on or off the bus as needed. They are not allowed to assist with packages or groceries.**
- **Please do not board the bus with more items than you can carry off. Drivers are not allowed to help carry items on or off the bus.**
- Riders must be ready at the scheduled pick up times and locations.
- Bus fare is due when boarding the bus. ***Cash Only***
- Also available for purchase are 10 Ride Punch Cards. These punch cards are for sale on the bus. Full payment is due at the time of purchase. ***Cash Only***
- Riders will independently utilize the seat belts that are available for their safety. Wheelchairs will be secured by the driver. ***Wheelchair passengers must ride with a companion/caregiver.***
- Lemont Township reserves the right to cancel trips due to threatening or inclement weather.
- Transportation may be refused for a person who appears too ill or physically incapacitated to complete the trip.
- Passengers should not contact the bus driver directly for any reason. Please call Transportation at 630-754-8901 or the Township office for assistance.

Thank you for being considerate to our driver and other passengers.

DAR passengers are expected to abide by these rules and regulations. Failure to do so may result in a loss of ride privileges. By signing below, I acknowledge I have read these guidelines and agree to follow them.

Print Name: _____

Address: _____

Daytime #: _____ Emergency#: _____

Signature and Date: _____