



**Application for Appointment to the AAATA
LOCAL ADVISORY EXECUTIVE COMMITTEE (LAC)**

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ (home) _____ (work)

DO YOU REPRESENT AN AGENCY? AGENCY: _____

POSITION: _____

3. CITY OR TOWNSHIP OF RESIDENCE: _____

4. WASHTENAW COUNTY RESIDENT SINCE: _____

5. CURRENT TRANSIT USE: (CHECK ALL THAT APPLY)

FIXED ROUTE _____ A-RIDE _____

6. OCCUPATION: (FORMER, IF RETIRED) _____

7. ARE YOU AGE 65 OR OLDER? _____ YES _____ NO

8. ARE YOU A PERSON WITH A DISABILITY? _____ YES _____ NO

10. STATEMENT OF INTEREST IN SERVING ON LAC

Return completed Application to: Manager, Mobility Services
Ann Arbor Area Transportation Authority
2700 S. Industrial Hwy.
Ann Arbor, MI 48104