

# TAXI VOUCHER SERVICE

## COUPON ORDER FORM

Please Mail Completed Order To:  
 Department of Aging and Disabilities  
 Taxi Voucher Service  
 2666 Riva Road, Suite 400  
 Annapolis, MD 21401

Dear Customer:

**EACH MONTH** you are eligible to purchase **UP TO 15 Regular Coupon Books worth \$10 each (Your cost is \$5.00 each).**

Name:  
 Address:  
 City, State, Zip  
 Phone:

Remember To:  
 >>Mention Taxi Voucher Service coupons  
 when you call the cab.  
 >>Tip the driver in cash

**I would like to order the following coupon books:**

Check One	Number of \$10 Coupon Books	Cost per Regular Book	Total Cost (circle one)
_____	1 Regular Book	X \$5.00 =	\$ 5.00
_____	2 Regular Books	X \$5.00 =	\$10.00
_____	3 Regular Books	X \$5.00 =	\$15.00
_____	4 Regular Books	X \$5.00 =	\$20.00
_____	5 Regular Books	X \$5.00 =	\$25.00
_____	6 Regular Books	X \$5.00 =	\$30.00
_____	7 Regular Books	X \$5.00 =	\$35.00
_____	8 Regular Books	X \$5.00 =	\$40.00
_____	9 Regular Books	X \$5.00 =	\$45.00
_____	10 Regular Books	X \$5.00 =	\$50.00
_____	11 Regular Books	X \$5.00 =	\$55.00
_____	12 Regular Books	X \$5.00 =	\$60.00
_____	13 Regular Books	X \$5.00 =	\$65.00
_____	14 Regular Books	X \$5.00 =	\$70.00
_____	15 Regular Books	X \$5.00 =	\$75.00

I am enclosing (write in amount): \$ \_\_\_\_\_ Check \$ \_\_\_\_\_ Money Order

Please make check or money order payable to: Anne Arundel County Taxi Voucher Service

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE UPDATE YOUR DISABILITY VERIFICATION IF CHECKED BELOW!**

Our records show that it is time to update your disability verification by \_\_\_\_\_. (required annually)  
 Please include copy of "Disability Verification Form" from your medical source, with your next order.

**For Office Use Only**

Recertification Date: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Date Rec'd \_\_\_\_\_