



WAR VETERAN TRANSIT PASS

APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

SERVICE NUMBER: _____

SERVICE BRANCH: _____

DATES OF SERVICES: _____

AIR FORCES ARMY CAWC NAVY OTHER: _____

*Transit Supervisor,
Authorizing Signature* *Date*

Attach a photocopy of your Proof of Service

Applications may be mailed or faxed to:

The City of Woodstock
Office of the City Engineer, War Veterans Transit Pass
Program P.O. Box 1539, Woodstock, ON N4S 0A7
Fax: 519-421-3250
Office Hours: Monday to Friday, 8:30am to 4:30pm

***All information will be kept confidential and will only be used for this purpose
Please allow 5 - 10 business days for processing***