Neighborhood EcoPass AUTHORIZATION FORM

Use BLUE or RED ink to complete this form NO BLACK ink. Form must be completed ENTIRELY by the coordinator.

Form must be dated within 30 days otherwise the form is not valid and photo will not be taken.

EcoPass Photo Center Locations, Day and Hours

Civic Center Station: 1550 Broadway (RTD Sales Window)

Denver Union Station: 1701 Wynkoop St. (RTD Sales Window)

Hours: Monday thru Friday 8:30am – 4:30pm

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Boulder Junction at Depot Square: 3175 Pearl Parkway (RTD Sales Window) Hours: Monday thru Friday 9:00am – 6:00pm (closed between 1:00pm -2:00pm)

Downtown Boulder: 1400 Walnut St. (RTD Sales Window)

Hours: Monday thru Friday 10:30am – 2:30pm

Denver International Airport: Level 1 Transit Center (RTD Sales Window)

Hours: Tuesday thru Thursday 10:00am – 2:00pm

Residents must have the completed Authorization Form, photo ID and current proof of residency. The address on the form must match the address on the current proof of residency. Acceptable proof of residency includes current (within 60 days) utility bill, financial statement or official lease.

<u>For Minors</u> the completed original Authorization Form, photo ID (if none available then guardian with photo ID and proof of guardianship) and current proof of residency (school document such as a printed copy of the Household Information page from Infinite Campus showing current address.)

Discount Eligibility applies to all seniors 65+, individuals with disabilities, Medicare recipients

NECO Youth Discount applies to youth ages 6-19. Children five years of age or younger ride free (limit of three children for each fare-paying adult)

Fare Change youth turns 20 years old and needs a full fare card - resident turning 65 needs a discount card – Youth 6-19 needs new youth card. No fee if old card is presented at time of photo.

Circle One:	NEW	REPLACEMENT \$10 Replacement Fee	No fee	NAME CHANGE/WORN FARE CHANGE No fee if old card is presented at time of photo for either name change/worn or fare change					
Rider ID (Assigne	ed to resider	•		old card to presented at th		prioto for cir	and hame onange, nome or lare		
			RES	SIDENT INFORMATION					
Resident Name First:				Last Name:					
Is this your legal name?		If not, what is your legal name?		MUST circle one: (SEE ABOVE FOR ELIGIBILTY)					
				FULL FARE	Y	DUTH	DISCOUNT		
RESIDENT CONTA	ACT								
Address:						Phone Num	Phone Number:		
Neighborhood Na	ame:								
			AUTI	HORIZED COORDINATOR					
Coordinator Printed Name:						Coordi	Coordinator Phone #:		
Coordinator Signature:							Date:		
		NO E-SIGNATU	JRES, C	OPIES OR FAXES WILL E	BE AC	CEPTED			