Please use the enclosed Order Form to request bus passes and paratransit tickets for Green Bay Metro. Follow the instructions below.

**Instructions:**

1. Write the Service Date(s).
2. Print the Participant Name, Address and Phone Number.
3. Write the number of bus passes and/or paratransit tickets you want.
4. Multiply the number of passes and/or tickets by the appropriate price for each.
5. Write the total amount.
6. Write your signature and today’s date.
7. Mail, fax or email the completed and approved order form to:

   **Mail:** iLIFE  
   P.O. Box 91760  
   Milwaukee, WI 53209  
   **Fax:** 414-937-2034  
   **Email:** IRIS.Claims@iLIFEfms.com

After iLIFE receives the order form, the process is as follows:

1. The approved order form is checked against the participant’s budget.
2. iLIFE sends payment for the tickets to Green Bay Metro.
3. You call 920-448-3450 or email letmeride@greenbaywi.gov to arrange ticket pick-up.

If you need help, please call iLIFE at 1-888-800-5599.

**Important:**

- Payment can take more than 30 days to occur. Submit your form as far in advance as possible to receive your tickets in time for your need.
- A new form must be submitted for each month that you want a monthly pass.
Green Bay Metro
Transit Order Form

Service Date: ________________
Service Code: varies (see below)
Green Bay Metro
letmeride@greenbaywi.gov
920-448-3450

Participant Name: ____________________________________________________________

Address: ___________________________________________________________________

City: ___________________________ State: _________ Zip: _________________

Phone number: ___________________________________________________________________

Bus Order Pass Information:
# Fixed Route Passes/Reduced Fare Monthly Passes: __________ X $25.00 per pass = $________
Service Code: T2004 RI (non-medical transportation)

Paratransit Ride (Door to Door) Ticket Information:
# Paratransit Tickets/One Way Trips: __________ X $15.00 per ticket = $______________
Service Code: T2003 RI (specialized transportation)

Total Amount: _____________________________

Approved: ___________________________________ Date: ________________
(Participant/Guardian signature)

Submit form to iLIFE:
Email: IRIS.Claims@iLIFEfms.com
Fax: 414-937-2034
Mail: P.O. Box 91760, Milwaukee WI 53209

Contact Green Bay Metro to arrange ticket pick-up:
Phone: 920-448-3450
Email: letmeride@greenbaywi.gov