Please use the enclosed Order Form to request Ozaukee County Shared Ride Taxi punch cards. Follow the instructions below.

**Instructions:**

1. Write the Service Date.
2. Print the Participant Name, Address and Phone Number.
3. Complete the number of punch cards requested.
4. Multiply the number of punch cards by the cost per punch card ($20). Please keep the participant’s budget in mind.
5. Write the total amount.
6. Check either Mail or Delivery via Taxi.
   a. To arrange pick up, call 1-262-284-8294.
7. Sign and date the form.
8. 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 mails payment to Ozaukee County Shared Ride Taxi.
3. Ozaukee County Shared Ride Taxi receives the payment.
4. Ozaukee County Shared Ride Taxi delivers the punch cards to the participant as requested (mail or delivery via taxi).

If you need help, please call iLIFE at 1-888-800-5599.
Ozaukee County Shared Ride Taxi
Order Form

Service Date: _______________

Service Code: T2003

Participant Name: ________________________________________________________________

Address: _______________________________________________________________________

City: __________________________________________________ State: _______ Zip: __________

Phone number: __________________________________________________________________

# of Punch Cards ______________ x $20 per Punch Card = $ ________________________

Choose one delivery option: ☐ Mail ☐ Delivery via Taxi

<table>
<thead>
<tr>
<th></th>
<th>Within 1 Zone</th>
<th>Within 2 Zones</th>
<th>Within 3 Zones</th>
<th>Within 4 Zones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>$3.00</td>
<td>$4.00</td>
<td>$5.50</td>
<td>$6.75</td>
</tr>
<tr>
<td>Students (18 &amp; under)</td>
<td>$2.75</td>
<td>$3.75</td>
<td>$4.75</td>
<td>$6.00</td>
</tr>
<tr>
<td>Senior/Disabled (60+)</td>
<td>$2.50</td>
<td>$3.50</td>
<td>$4.25</td>
<td>$5.50</td>
</tr>
</tbody>
</table>

Fares effective 1/1/2016

Approved: __________________________________________________________ Date: __________

(Participant/Guardian signature)