



REPLACEMENT REQUEST FORM

EAGLE TRANSIT - ELIGIBILITY CARD

Mailing: 160 Kelly Road Kalispell, MT 59901 ~ Phone (406)758.5728 ~ flathead.mt.gov/eagle

If you qualified and were issued an Eagle Transit eligibility card during the current year and have discovered that you have either lost, misplaced and/or have realized that your card has been stolen. You will be required to complete all blank lines on this form. Please read and follow **ALL** instructions in order to receive a non-transferrable replacement card. Please allow 2-4 weeks for processing and shipping. Cards issued are to be used by designated participants only. Thank you for choosing Eagle Transit as your mode of transportation.

You must mail any replacement request(s) to the address listed above. **Attention: Card Replacement**

1. This form must be completed entirely with signature, in order to be considered.
2. Send **\$10 check or money order** (U.S. funds only) Made payable to: **Eagle Transit**
3. One legibly **self-addressed, stamped envelope** for the replacement copy to be mailed to your attention.
4. In person processing would require the same steps as 1-3 above. No exceptions. No Proxy. No Faxes.

• **PLEASE PRINT LEGIBLY: ALL REQUIRED INFORMATION.**

Full Legal Name: _____
Last Name First Name Middle Initial

Date of Birth: _____ Eligibility card requested: Elderly 60+ or Disability
sample: mm/dd/yyyy

No Assist Required Wheelchair Walker Need Assist Personal Care Assist Service Animal

Physical Address: _____
Street # and Name City State Zip Code

Main Phone #: () _____ 2nd or Cell Phone #: () _____
Home or Primary Phone Home or Cell Phone

Email Address: _____
Primary - if available

Client Signature: **X** _____ Todays Date: ____/____/____
Required

Eagle Transit attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program, or activity of the department. Alternative accessible formats of this document will be provided if necessary. For more information, please contact Eagle Transit: 406-758-5728

Eagle Transit **internal use only**: Date received: _____ Info: updated: _____ Mailing date: _____ Entered By (initials): _____