



Ozaukee County Shared Ride Taxi

Agency Card Authorization Form

Rev. November 2023

Agency Information

Agency Name:

Primary Contact Name:

Phone:

Date Request Submitted:

Participant Information

Participant Name:

Address:

City: _____ State: _____ Zip: _____

Authorized Number of Rides:

In-County at **\$12.00** per ride:

In-County at **\$120.00** (10 rides):

Cross-County **\$17.00/ride**:

Delivery

- To participant via U.S. Mail
- To participant via Taxi Driver
- To Agency
 - estimated pick up date:
 - person authorized to pick up cards:

Please email requests to kottum@ozaukeecounty.gov or Please allow one week for processing.

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

Instructions:

1. Write the date the request was submitted
2. Enter the Fiscal Employer Agency Name (Premier)
3. Enter the IRIS Consultant Agency Name
4. Write the IRIS Consultant Name
5. Print the Participant Name, Address and Phone Number
6. Enter the number of one-way rides within Ozaukee County (@ \$12/ride)
7. Enter the number of one-way cross county rides (between Ozaukee and Washington Counties @\$17/ride.
8. Write the Service Dates
9. Mark the delivery Method
10. Email/Mail/Fax to Premier Financial Management Services

Email: claims@premier-fms.com

Fax: 888 859-6472

Mail: PO Box 26001
Milwaukee, WI 53226

FEA Process after receiving the Order Form

11. The FEA verifies the order form against the participant's budget.
12. The FEA sends payment for the passes to Ozaukee County Shared Ride Taxi and emails copies of the order forms to kottum@ozaukeecounty.gov
13. Ozaukee County Shared Ride Taxi receives the payment.
14. Ozaukee County Shared Ride Taxi distributes tickets per the Order form