



Ozaukee County Shared Ride Taxi

Agency Card Authorization Form

Rev. NOVEMBER 2025

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 **\$18.00** per ride:

Cross-County **\$23.00**/ride:

As of 2.27.24 a balance is added to the riders account rather than distribution of punch cards.

AGENCIES: Please email form & check to kottum@ozaukeecounty.gov Please allow one week for processing.