THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Elam R Esel
Name of Supporter
184 Hedden ares from Donnile northunberland PA. 1782
Street Address City or Municipality County State Zip Code
2474729 GARY L. & MARIE SNYDER, A-2015-2 412432
Name of Applicant
\sim
 Describe the type of transportation service needed.
Paratransit service.
 What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
The origin will be in Northumberland County, and could terminate in any point in Pennsylvania, and return. Involves transportation to and from home, work, shopping, or visits to family.
• How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
Service is likely to be more frequent than monthly.
VERIFICATION OF STATEMENT
The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.
The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.
Elan X. Pach 12/2/15
(Signature) (Date) .
(Name, printed or typed)
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SECRETARY'S BIRS

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<u></u> _		Omar Es			
195	Hidden Acres	Lane Dornsife	Northumberhad	PA	17827
	Street Address	City or Municipality	County 2474	State 1729	Zip Code
	GARY	L. & MARIE SNYI	DER, A-2015- 2412	13 2	
		Name of App	licant		
•	Describe the type of tran	sportation service needed.			

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(Signature)

Paratransit service.

(Name, printed or typed)

(Date)

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SECRETARY'S BUREAU

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David & Petersheim
Name of Supporter
Street Address City or Municipality County State Zip Code
GARY L. & MARIE SNYDER, A-2015-2 412432
Name of Applicant
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David S. Petersheim (Date) (Signature) (Name, printed or typed)

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Amos St	1 Hzfus				
	Name of Suppo	rter			
670 Phillips	Rd Millersk	burg la	17061		
Street Address	City or Municipality	County	State Zip Code		
		24747	29		
GARY L. & MARIE SNYDER, A-2015- 2412432 ´					

Name of Applicant

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(Signature)

(Date)

(Name, printed or typed)

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Miriam Zook					
Name of Supporter					
713 Smeltz Rd. Dorigife Nothumberland PA 17823 Street Address City or Municipality County State Zip Code					
2474729 GARY L. & MARIE SNYDER, A-2015-2412432					
Name of Applicant					
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Miniam D. 2104- 15					
(Signature) (Date)					
Minam P- Zook (Name, printed or typed)					
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