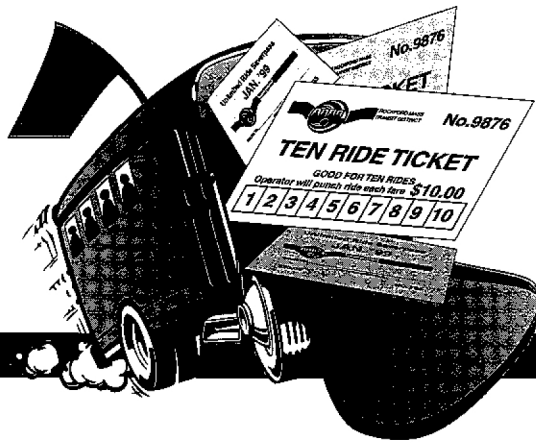


Your Tickets Are In The MAIL...



RMTD... Providing Access to Your Dreams.

TICKETS BY MAIL ORDER FORM

PLEASE PRINT

YOUR NAME: _____

ADDRESS: Street: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Maximum order amount \$110.00

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
Adult 10-Ride		\$15.00	
Disabled 10-Ride		\$ 7.50	
Student 10-Ride		\$ 7.50	
30 Day Unlimited Ride Pass		\$55.00	
7 Day Unlimited Ride Pass		\$16.00	
TOTAL			

PAYMENT INFORMATION:

Please make checks payable to:
Rockford Mass Transit District
520 Mulberry Street
Rockford, IL 61101-1016
961-9000



ROCKFORD MASS
TRANSIT DISTRICT

FOR OFFICE USE ONLY

CHECK NUMBER: _____

Bank Name: _____

Date Rcvd: _____ **Initials:** _____

Date Shipped: _____ **Initials:** _____

Ticket #'s: _____