



FOR MTA USE ONLY:	
Date Received:	_____
Coupon # issued:	_____
Date disbursed:	_____
Mail	<input type="checkbox"/> In-person <input type="checkbox"/>

**County of Hawai'i  
 Mass Transit Agency  
 HELE-ON KAKO'O PARATRANSIT  
 25 Aupuni Street  
 Hilo, HI 96720  
 (808) 961-8744**

**PARATRANSIT RIDE COUPON REQUEST**

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone** (\_\_\_\_\_) \_\_\_\_\_

_____	<b>Number of Hele-On Kako'o Paratransit Coupons Requested</b>
<b>x \$ 4.00</b>	<b>Cost per coupon</b>
<b>=</b>	<b>Total amount enclosed</b>

**Please make checks payable to: COUNTY DIRECTOR OF FINANCE**

**Mail this form and payment to: County of Hawai'i Mass Transit  
 Hele-On Kako'o Paratransit  
 25 Aupuni Street  
 Hilo, HI 96720**

**Office Location: 1266 Kamehameha Avenue, Room A2  
 Hilo, HI 96720**