



**DIAL-A-RIDE  
and  
DIAL-A-LIFT**



from



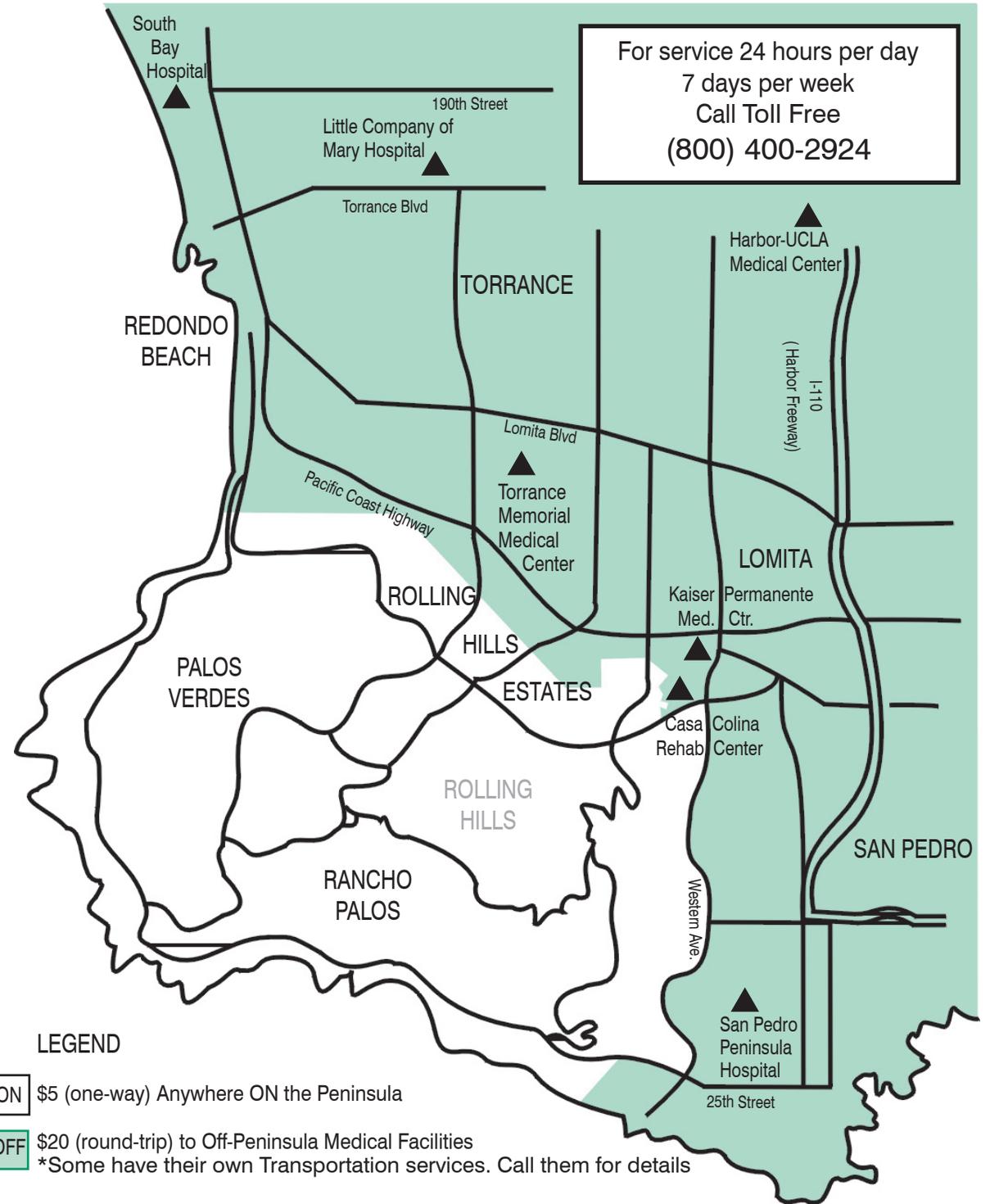
**Serving**  
Seniors and Residents  
with disabilities in  
Palos Verdes Estates,  
Rancho Palos Verdes,  
Rolling Hills Estates  
and unincorporated  
Peninsula areas  
of Los Angeles County.

**FOR INFORMATION PLEASE CALL:**

**(310) 544-7108**

[www.palosverdes.com/pvtransit/](http://www.palosverdes.com/pvtransit/)

**Palos Verdes Peninsula Transit Authority**  
P.O. Box 2656  
Palos Verdes Peninsula, Ca 90274-7109



For service 24 hours per day  
7 days per week  
Call Toll Free  
**(800) 400-2924**



## DIAL-A-RIDE and DIAL-A-LIFT



**T**his service is a convenient way to travel around the Palos Verdes Peninsula area. Taxi cabs and ramp vans are used to transport passengers on the Palos Verdes Peninsula and surrounding areas.

## Eligibility

Palos Verdes Peninsula residents who are seniors (60 yrs +) or disabled are eligible to use the service.

## Where to register for service

Passengers can register for the service and purchase rides at the PVPTA office, or by mail. PV Transit is located at 38 Crest Road West, Rolling Hills, CA 90274.

## Fares

Passengers must register with the Authority Prior to using the service. The cost is \$10 per year to register (\$5.00 from July – Dec.). Once you are registered, you become a member and can purchase rides for \$5.00 each. Please purchase your rides at the same time you register. You may use the same check for both fees. You

will be issued a Swipe TaxiCard and your purchased trips will be applied to your new swipe card immediately.

**A maximum of twenty-four rides** can be purchased in a month. One ride is good for a one-way trip within the Palos Verdes Peninsula. **Two rides are required each direction for a trip off the Palos Verdes Peninsula into surrounding communities for medical trips only.** See Service Area below.

## Service area

Dial-a-Ride/Dial-a-Lift is provided on the Palos Verdes Peninsula for any trip purpose. **Dial-a-Ride/Dial-a-Lift service goes off the Palos Verdes Peninsula for medical purposes only.** The service goes to all hospitals, medical buildings, and doctors offices in the following areas: Torrance, Harbor City, San Pedro, Lomita and Redondo Beach (primarily South Bay Medical Center on Prospect Avenue).

## Hours of service

**Dial-a-Ride** service operates 24 hours per day, seven days per week.

**Dial-a-Lift** service (wheelchair) is available from 6 a.m. to 6:00 p.m. Monday through Friday only.

**PLEASE NOTE:** Wheelchair members must call at least twenty-four hours in advance to request a wheelchair vehicle. Service may be limited during peak periods.

## How to use the service

Once a passenger has registered to use the service and purchased rides, they call the taxi company at (800) 400-2924. Identify yourself as a Palos Verdes Dial-a-Ride member and request service. Members can request a return pick-up at the same time initial service is requested, or simply call the 800 number again when you are ready to come back. Passengers may have to wait 15-20 minutes for a ride. **Caretakers and escorts ride for free!**

**REMINDER:** One cannot travel between more than one point off the Palos Verdes Peninsula, without returning to the original pick-up point in Palos Verdes, most commonly the members home address. If you do request an additional ride to the driver, it will be the members responsibility to personally pay for this portion of your trip. The driver cannot accept your DAR/DAL Swipe Card for this extra added on service.

## How is the service financed?

The Palos Verdes Peninsula Transit Authority (PVPTA) is an agency consisting of the cities of Rancho Palos Verdes, Palos Verdes Estates, and Rolling Hills Estates only. These member cities and Los Angeles County fund the Dial-a-Ride/Dial-a-Lift service.

Visit our web site:  
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## Registration form

NAME \_\_\_\_\_  
Last First M.I.

Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_

Age \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Senior  Disabled

Disability \_\_\_\_\_

\_\_\_\_\_  
(Include any special instructions or assistance - if needed)

Friend or relative to call in case of an emergency:

Name \_\_\_\_\_

Telephone No. \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

<b>OFFICE USE</b>
Issued by: _____
Date _____
Registration No. _____

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