



Mobility Management  
of Brown County  
*"Creating Independence"*

**BUSINESS/AGENCY REGISTRATION AND AGREEMENT**

Agency/Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_ Zip: \_\_\_\_\_

Agency/Business Phone Number: \_\_\_\_\_

Agency/Business Category – circle one:

Non-profit      For-profit business      Hospital      Human Service Organization  
Municipality      Church Other: \_\_\_\_\_

Agency/Business Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Alt Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Alt Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency/Business Agreement:

Agency/Business agrees to adhere to, and has reviewed the Guidelines as outlined on the back side of this form: (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS/AGENCY GUIDELINES & AGREEMENT FOR VOUCHER PROGRAM**

Please initial by each of the following verifying you have reviewed:

\_\_\_\_\_ Must be a non-profit organization, for-profit business, human services organization, government organization, hospital or church located in Brown County.

\_\_\_\_\_ Must agree to designate a contact and an alternate contact person for Mobility Management of Brown County communications.

\_\_\_\_\_ All vouchers have an expiration date of the last day of the calendar year in which the voucher was purchased from Mobility Management of Brown County.

\_\_\_\_\_ I/We understand that vouchers may be distributed to clients at our own discretion. Vouchers may be distributed at no charge or we may choose to charge clients no more than 50% of the voucher's face value.

Signature of Authorized Person: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

**Return to:  
Green Bay Metro  
C/O Mobility Management Program  
901 University Ave, Green Bay, WI 54302  
(920) 448-3450**