



2023-24 Taxi Fares

The Town of Okotoks pays the balance of your fare, according to the 2023-24 agreement with Town Taxi



One Way Fares from Okotoks

Destination	You Pay	Town Pays
In-Town Trip	\$5.00	\$5.00
Aldersyde	\$10.00	\$10.00
Dewinton / Heritage Pointe	\$10.00	\$10.00
High River	\$20.00	\$20.00
Shawnessy / Far SW End of Calgary	\$20.00	\$20.00
South Health Campus (Hospital) / Far SE End of Calgary	\$20.00	\$20.00
Diamond Valley	\$20.00	\$20.00
South Centre Mall	\$28.00	\$27.00
Rockyview Hospital / Chinook Centre Mall	\$38.00	\$37.00
Downtown Calgary	\$40.00	\$40.00
Foothills Hospital / Peter Lougheed Hospital / Alberta Children's Hospital	\$40.00	\$40.00

Community Access Program Guidelines

- This program does not pay for wait time.
- For out-of-town and trips outside the hours of 7:00AM – 10:00PM, please book 24 hours in advance
- For those requiring a wheelchair accessible vehicle, contact 403-995-2773 to make trip arrangements. Please provide at least 48 hours notice.



TOWN TAXI 403-975-2233



For more information, contact the Town of Okotoks Community Wellness team at:

-  fcss@okotoks.ca
-  403-995-2773
-  www.okotoks.ca

Applications available www.okotoks.ca

COMMUNITY ACCESS PROGRAM

Application Form

- ✓ Are you over the age of 60?
- ✓ Are you an Adult with a Permanent Disability?
- ✓ Are you a resident of the Town of Okotoks?

If you answered yes, then you may qualify for a subsidized taxi program.

The Town of Okotoks is committed to ensuring that all residents are able to remain active participants in the community.

Therefore, the Community Access Program provides cardholders a reduced taxi fare.

For more information, contact the Town of Okotoks Community Wellness team at:

-  fcss@okotoks.ca
-  403-995-2773
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**Town of Okotoks Application for Community Access Program
For Seniors and Adults with Permanent Disabilities**

Date of Application:		For Office Use Only Card Number Allocated: _____	
New Card: <input type="checkbox"/>	Card Renewal: <input type="checkbox"/>		
Last Name:		First Name:	Initial:
Full Civic Address:			
Town:		Postal Code	
Home Phone:		Cell Phone:	
Email Address:			
Mailing Address (if different than civic)			
<p>I am 60 years of age or older.</p> <p style="text-align: right;">_____ Year Born: _____ Please initial if this applies</p> <p>I am under the age of 60 and have a permanent disability. (Please attach proof of disability)</p> <p style="text-align: right;">_____ Year Born: _____ Please initial if this applies</p>			

The information I have provided is complete and true. I am a resident of Okotoks. I am aware the card expires on December 31, 2024.

Applicant Signature

Please send the completed application form to:
Town of Okotoks, P.O. Box 20, Okotoks, Alberta T1S 1K1
Forms can also be dropped off at:
Okotoks Municipal Centre - 5 Elizabeth Street or
The Okotoks Recreation Centre - 99 Okotoks Drive or
Okotoks Family Resource Centre - 11 Cimarron Common
Email to fcss@okotoks.ca

A card will be sent to you in the mail once your application has been processed

The personal information on this form is being collected under the authority of section 33 c of the Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the administration of the Okotoks Community Access Program. Should you have any questions regarding the collection and use of your personal information, contact the FOIP Coordinator at foip@okotoks.ca or 403-938-8944