Community Transit Ride Request Form

<table>
<thead>
<tr>
<th>Send completed form to:</th>
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</thead>
<tbody>
<tr>
<td><strong>Jackson Office</strong>—Phone: 507-847-2632; Fax: 507-847-4131; Email: <a href="mailto:tpjackson@unitedcapmn.org">tpjackson@unitedcapmn.org</a></td>
</tr>
<tr>
<td><strong>Luverne Office</strong>—Phone: 507-283-5058; Fax: 507-283-5059; Email: <a href="mailto:tprock@unitedcapmn.org">tprock@unitedcapmn.org</a></td>
</tr>
<tr>
<td><strong>Marshall Office</strong>—Phone: 507-537-7628; Fax: 507-401-3273; Email: <a href="mailto:tpmarshall@unitedcapmn.org">tpmarshall@unitedcapmn.org</a></td>
</tr>
<tr>
<td><strong>Pipestone Office</strong>—Phone: 507-825-1180; Fax: 507-825-6734; Email: <a href="mailto:tppipestone@unitedcapmn.org">tppipestone@unitedcapmn.org</a></td>
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***Completing a ride request does not guarantee availability. Please confirm rides with a dispatcher before the first date of transportation.***

Additional Forms and Information on our website [www.communitytransitswmn.org](http://www.communitytransitswmn.org)

Name of Person Requesting Trip/Change/Cancel: ___________________________   Phone: _______________

**Rider Information**

Name ______________________________________________ DOB___________________    Male/Female

**Home Address:**

Street_________________________________________City________________ Phone________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Parent/Guardian Name(s) & Phone Number(s) – if child or vulnerable adult:
__________________________________________________________________________________________
__________________________________________________________________________________________

List preferred daytime contact here: ______________________________________________________

Email Address(es) – parent/guardian if child or vulnerable adult:
__________________________________________________________________________________________
__________________________________________________________________________________________

**Additional Address** – e.g. Daycare, work, foster home, etc. (if applicable)

Name__________________________

Street ___________________________________________________________________________ City______________ Phone _____________
__________________________________________________________________________________________

Enter trip details on next page.
## Trip Details

### Pick-up Location
(If the location is not already listed on this form, provide the COMPLETE STREET ADDRESS).

___________________________________________________________________________________________

### Drop-off Location
(If the location is not already listed on this form, provide the COMPLETE STREET ADDRESS).

___________________________________________________________________________________________

Program Attending: ______________________  Start Time: _________  End time: ___________

Trip Date: ______________________  Pick-up time:___________  Return time:_____________

___ Round trip  ____ One Way  ____ Will Call  ____ Ongoing Transportation (dates below):

Start Date:___________________    End Date:_____________________

Please circle days rides are needed.

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
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For added clarification, you may use the calendar on the next page to circle the dates of transportation.

Additional Comments or Special Instructions (specific building, door, days, etc.)

___________________________________________________________________________________________

___________________________________________________________________________________________

THANK YOU for trusting us with your transportation needs! We know they are important, and we promise to give you our best on every trip.

EOE/AA/ADA