Community Transit/Community Connection Ride Request Form

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 the rider is a 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 _____________

__________________________________________________________________________________________

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 (if applicable): ______________________ Start Time: _________ End time: _________

Pick-up time requested: ___________ Return time requested: _____________

___ Round trip   ____ One Way   ____ Will Call   _____ Ongoing Transportation

Trip dates for ongoing transportation:
__________________________________________________________________________________________
__________________________________________________________________________________________

Start Date: ___________________ End Date: _____________________

Please circle days rides are needed.

Mon       Tues       Wed       Thurs       Fri       Sat       Sun

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.)
__________________________________________________________________________________________
__________________________________________________________________________________________

Is this trip being billed? _____ Yes   _____ No

Agency/ Program to be billed _____________________________________________________________

Contact information ______________________________________________________________________

All trip requests MUST come from the payer. Billed trips cannot be fulfilled until proper billing information is obtained.

Send completed form to your local dispatch office:
  Jackson Office—Phone: 507-847-2632; Fax: 507-847-4131; Email: tpjackson@unitedcapmn.org  
  Luverne Office—Phone: 507-283-5058; Fax: 507-283-5059; Email: tprock@unitedcapmn.org 
  Marshall Office—Phone: 507-537-7628; Fax: 507-401-3273; Email: tpmarshall@unitedcapmn.org 
  Pipestone Office—Phone: 507-825-1180; Fax: 507-825-6734; Email: tppipestone@unitedcapmn.org

***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

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