



# 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).

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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:

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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.)

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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](mailto:tpjackson@unitedcapmn.org)

**Luverne Office**—Phone: 507-283-5058; Fax: 507-283-5059; Email: [tprock@unitedcapmn.org](mailto:tprock@unitedcapmn.org)

**Marshall Office**—Phone: 507-537-7628; Fax: 507-401-3273; Email: [tpmarshall@unitedcapmn.org](mailto:tpmarshall@unitedcapmn.org)

**Pipestone Office**—Phone: 507-825-1180; Fax: 507-825-6734; Email: [tppipestone@unitedcapmn.org](mailto: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](http://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