EOE/AA/ADA

Community Transit/Community Connection Ride Request Form

Submitting this form DOES NOT guarantee transportation. Requests submitted after 4:30 p.m. on weekdays will not be received until the next business day. If you have a last-minute transportation need, call a dispatch office between 8:00 a.m. and 4:30 p.m., Monday-Friday.

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

***Any request that is submitted after 4:30 p.m. on weekdays will not be seen and **trips will not be booked until the next business day.**

Additional Forms and Information on our website www.communitytransitswmn.org