

TRANSPORTATION REQUEST

Adult Rider- Reoccurring



1. Name _____ D.O.B. _____

Home Address _____

Contact Numbers: HOME: _____ CELL: _____

Email Address _____

Emergency Contact: Name _____ Contact Phone: _____

2. Location Name _____

Location Address _____

Requested Ride Start Date (month/day) _____

Requested Ride End Date (month/day) _____

Does rider request use of the lift? (Typically for riders with a wheelchair or walker) _____ (Yes or No)

Pick-up Day: (mark all that apply) Mon Tues Wed Thurs Fri Time: _____

Drop-off Day: (mark all that apply) Mon Tues Wed Thurs Fri Time: _____

NOTE: All cancelations and changes MUST come through the dispatch office.

Do not call your driver. If you need to cancel a ride for whatever reason and you do not notify dispatch before the start of the route, YOU WILL BE CHARGED FOR THAT RIDE.

Dispatch Center: 507-634-4340 Option #1 Email: rhtbus@semcac.org Fax: 507-634-4339 www rhtbus.com