



TRANSPORTATION REQUEST

BUS PASS # _____

Sign here after you have read the Policies & Procedures to signify that you agree. (Available on www.rhtbus.com)

(Required)

Client(s) Name _____ D.O.B. _____

Home Address _____

Phone _____

Email Address _____

Caregiver Name (If applicable) _____

Caregiver Phone: _____

Email Address _____

Destination _____ Phone: _____

Address _____

Subscription Ride: YES ☐
NO ☐

Start Date _____ End Date _____

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

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

Date (month/day) _____ Pick-up Time: _____

Pick-up Address _____ Pick-up Phone _____

Date (month/day) _____ Drop-off Time: _____

Drop-off Address _____ Drop-off Phone _____

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