



## Ride Request Form

**Send completed form to:**

**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)

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 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:** \_\_\_\_\_ **Start Time:** \_\_\_\_\_ **End time:** \_\_\_\_\_**Trip Date:** \_\_\_\_\_ **Pick-up time:** \_\_\_\_\_ **Return time:** \_\_\_\_\_ Round trip     One Way     Will Call     Ongoing Transportation (dates below):**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.

**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.