# Community Transit Ride Request Form

**Send completed form to:**

**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

**Pipestone Office**—Phone: 507-825-1180; Fax: 507-825-6734; Email: 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)

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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_________________________________________ Phone __________________

Street ________________________________________ City__________________ Phone _____________
__________________________________________________________________________________________

Enter trip details on next page.
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.)

________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________

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