



REQUEST FOR SPECIAL TRANSPORTATION SERVICE

Agency _____

Billing Address _____

City, State, Zip Code _____

Contact Person _____ Phone _____

Email _____

The agency named above hereby requests that Laketran operate an exclusive trip on its behalf as follows:

Group Coordinator _____ Phone _____

Date of trip _____ Requested Pickup Time _____

Pickup Location and Address _____

Number of Persons _____ Number of Persons in Wheelchairs _____

Destination Address _____ Requested drop off time _____

Destination Address _____ Requested drop off time _____

Destination Address _____ Requested drop off time _____

Special Instructions _____

Transportation cannot be confirmed unless all requested information is received by Laketran 2 weeks before trip.

Name _____ Title _____

Signature _____ Date _____

Please return this form to Matt Maier, Director of Operations at mmaier@laketransts.com.

For Office use only:

Date Received _____

Maintenance notified _____

49 Passenger

Bus assigned _____

16 Passenger

Driver _____

12 Passenger van

NOTES: _____
