



# Transportation Request From



## Passenger Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone number: \_\_\_\_\_

Is the lift needed to board the bus? ☐ Yes ☐ No

If a minor or vulnerable adult fill out following

Parent/guardian name: \_\_\_\_\_

Phone number \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred Method of Contact: ☐ Phone ☐ Email

## Additional Trip Information

☐ One way ☐ Round Trip ☐ Call in Only

☐ Recurring Trip (Subscription)

Additional address for return: (if applicable)

\_\_\_\_\_

Start Date: (Required) \_\_\_\_\_

End Date (if applicable): \_\_\_\_\_

Days Transportation is needed:

☐ Monday ☐ Tuesday ☐ Wednesday

☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

## Pick-up Information

Address: \_\_\_\_\_

City: \_\_\_\_\_

☐ Daycare ☐ Work ☐ School ☐ Other

If applicable

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Requested Time: \_\_\_\_\_ ☐ AM ☐ PM

## Drop-off Information

Address: \_\_\_\_\_

City: \_\_\_\_\_

☐ Daycare ☐ Work ☐ School ☐ Other

If applicable

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

What time do you need to arrive at this location:

\_\_\_\_\_ ☐ AM ☐ PM

Requested Time for return ride: (if applicable)

\_\_\_\_\_ ☐ AM ☐ PM

Thank you for trusting Three Rivers Community Action and Hiawathaland Transit with your transportation needs. Please know that by submitting this form it does not guarantee transportation, but we do our best to accommodate as many requests as they can.

### Please send form to:

#### HIAWATHALAND TRANSIT

55049 241<sup>st</sup> Avenue

Plainview, MN 55964

Fax: 507-534-9275

Email: [tdispatchers@threeriverscap.org](mailto:tdispatchers@threeriverscap.org)

Website: [www.threeriverscap.org](http://www.threeriverscap.org)

### Follow Us!



### Contact Us:

#### Dispatch Hours

Monday - Friday - 5:30am - 6:00pm

Saturday - 7:30am - 4:00pm

Phone: 866-623-7505, option 1

