



# EL DORADO TRANSIT

## SUBSCRIPTION DIAL-A-RIDE SERVICE REQUEST FORM

Date of Request: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Requestor's Relationship to Passenger: \_\_\_\_\_

Requestor's Phone Number: \_\_\_\_\_ Requestor's Fax Number: \_\_\_\_\_

Passenger's Name: \_\_\_\_\_ Passenger's Phone Number: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_

Emergency Contact's Phone Number(s): \_\_\_\_\_

Trip Origin: \_\_\_\_\_

Trip Destination: \_\_\_\_\_

Appointment Time: \_\_\_\_\_ AM or PM (circle one)      One Way  Round Trip

Return Trip Time: \_\_\_\_\_ AM or PM

Passenger Type:    Disabled       Senior       General

Mobility Device(s): Wheelchair  Walker  Cane  Service Animal  Other \_\_\_\_\_

Date of Initial Requested Service: \_\_\_\_\_

Days Service is Needed: Monday  Tuesday  Wednesday  Thursday  Friday   
Saturday  Sunday

General Information (Please provide detailed information that will assist us in determining feasibility and arranging for the trip.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved  Request Denied  Date Requestor Notified: \_\_\_\_\_