



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

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: _____