



Transportation Services

# PARATRANSIT RIDE SUBSCRIPTION

Phone: (307) 766-7433 / Fax: (307) 766-9804

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

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

Trip Notification Update: To ensure our records are current, indicate below for changes to your trip notifications for ride and service updates.

- No changes
- Stop notifications
- Add text message
- Add email message

These trips are: *(check one below)*

- temporary, valid until \_\_\_\_\_
- for the entire \_\_\_\_\_ semester
- full academic year  
(To end by Aug 15<sup>th</sup>)

Please keep in mind that this is a request, and that times may be negotiated. Subscription rides are granted based on ADA guidelines. Those who do not get a time slot can choose to be on a waitlist in the event another subscription is canceled. Casual rides scheduled with dispatch are still an option for those not being granted subscription rides.

### MONDAY

*Office Use	Ready Time	Pick – Up Location	Drop – Off Location	Purpose

Special Request(s): \_\_\_\_\_

### TUESDAY

*Office Use	Ready Time	Pick – Up Location	Drop – Off Location	Purpose

Special Request(s): \_\_\_\_\_

### Office Use

Received: _____	Reviewed: _____	Entered: _____
Confirmation: _____	Expires: _____	Notes: _____
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter		

**WEDNESDAY**

*Office Use	Ready Time	Pick – Up Location	Drop – Off Location	Purpose

Special Request(s): \_\_\_\_\_

**THURSDAY**

*Office Use	Ready Time	Pick – Up Location	Drop – Off Location	Purpose

Special Request(s): \_\_\_\_\_

**FRIDAY**

*Office Use	Ready Time	Pick – Up Location	Drop – Off Location	Purpose

Special Request(s): \_\_\_\_\_

Will you have any additional passengers or PCA's accompany you on any of these rides?  YES  NO

Did you need help completing this form?  YES  NO

If YES, please complete:

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

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

Relationship to you: \_\_\_\_\_ Agency (if possible): \_\_\_\_\_

\_\_\_\_\_  
**Paratransit Rider Signature:** I certify that the information on this document is correct.

**Date**

\_\_\_\_\_  
**Guardian/POA Signature** (if applicable): I certify that the information on this document is correct.

**Date**