



Pomona Valley
Transportation Authority
909.596.7664 opt.0

Group/Organization Name: _____

- ☐ New Request
☐ Update Existing Request

Please submit completed form to: **groups@pvtrans.org**

*Forms must be submitted at least **10 business days** in advance

*To Cancel or request changes you must contact us 72 hours in advance

Point of Contact

First and Last Name of POC	Cell Phone Number of POC

Ride Information

Requested Trip Date	Requested Pick-up Time
Location Name	Location Name
Origination Address	Destination Address
City State Zip	City State Zip
Origination Notes:	Destination Notes:
Round Trip Requested? <input type="checkbox"/>	
Requested Return Trip Time	

Trip Details

Total # of Passengers	# Mobility Devices (Wheelchair/ Scooter)	# Mobility Aids (Walker/ Cane)
Trip Purpose: _____		
Additional Notes: _____		

OFFICE USE ONLY

Payment Method:	<input type="checkbox"/> Send Invoice (Prior Approval Required)	Pomona Group <input type="checkbox"/>
	<input type="checkbox"/> Cash/Tickets upon boarding	Claremont Group <input type="checkbox"/>
		Other <input type="checkbox"/> _____
Approved by: _____		