



Pomona Valley  
Transportation  
Authority

**Shuttle Request Form**

*Service Type*

Pomona Group	<input type="checkbox"/>	
Claremont Group	<input type="checkbox"/>	
Get About	<input type="checkbox"/>	
Other	<input type="checkbox"/>	_____

*Point of Contact*

_____	
First and Last Name of POC	Phone Number of POC

*Ride Information*

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

*Trip Details*

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