



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 72 hours in advance

Point of Contact

<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">_____</td> <td style="width: 50%; border: none;">_____</td> </tr> <tr> <td style="border: none;">First and Last Name of POC</td> <td style="border: none;">Cell Phone Number of POC</td> </tr> </table>	_____	_____	First and Last Name of POC	Cell Phone Number of POC
_____	_____			
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) <input type="checkbox"/> Cash/Tickets upon boarding	Pomona Group <input type="checkbox"/> Claremont Group <input type="checkbox"/> Get About <input type="checkbox"/> Other <input type="checkbox"/> _____
Approved by: _____	