



VILLE DE - TOWN OF
Gravelbourg

TRANSETTE PASSENGER BOOKING REQUEST FORM

***Please read Transette Policy No. 550-001
BEFORE completing this application to ensure eligibility.***

CRITERIA

Do you have access to traditional modes of transportation from family or friends?

Yes

No

PASSENGER INFORMATION

Name: _____

Age: _____

Civic Address: _____

Phone No. _____

Mailing Address: _____ Email Address: _____

DESCRIPTION

Please check all that applies:

Manual Wheelchair

Electric Wheelchair

Walker

Crutches

Electric Scooter

Able body

Reclining/Broda Wheelchair

Cane

BOOKING INFORMATION

Date Requested: _____

Pick Up & Drop off times: _____

Destination: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Contact Number: _____

DRIVER INFORMATION

Drivers are supplied by the Town. Booking a seat(s) is subject to driver availability; therefore, give as much notice as possible to ensure you have a spot.

Passengers with mobility challenges must have an assistant accompanying them during the entire ride. The caregiver is responsible for securing their clients with wheelchairs.

There is no charge for an accompanying caregiver for clients that require this aid.

Each volunteer or staff member is required to attend training sessions and each organization is responsible to pass on this training to their staff/volunteers.

APPLICANT DECLARATION

I have read and understood the Transette Policy No. 550-001

Applicant/Passenger: _____
Print Name

Signature: _____

PAYMENT INFORMATION

Payment is required at the time of confirmation of booking. E-transfer payments to town@gravelbourg.ca

\$4.00 Round Trip
\$3.00 One Way Trip
\$60.00 Per/Month
\$120.00 Per/3 Months
\$150.00 Annual Rate
\$15.00 per/hr Driver's Fee

Out of town Mileage: 0.60/km plus 0.3/km fuel charge

Transit Availability Dates:
Monday, Wednesday, Thursday
10:00am to 3:00pm
Tuesdays: Villa 10am - Noon
Fridays: 10am – Noon & 4:30 pm - on
Saturdays & Sundays: Open

Payment Fee: _____
GL: 420-200-902

Receipt No. _____

FOR OFFICE USE ONLY

The applicant **meets/does not meet** the eligibility criteria as outlined in Transette Policy No. 550-001

Administration Signature: _____

Date: _____