



## RESERVATION REQUEST FORM

Please complete a form for each van you are requesting.

Agency: \_\_\_\_\_

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

\_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Reservation: Day: \_\_\_\_\_ Date: \_\_\_\_\_

From: \_\_\_\_\_ AM / PM To: \_\_\_\_\_ AM / PM

Authorized Driver's Name: \_\_\_\_\_

Number of Passengers: \_\_\_\_\_

**All Metro Share vehicles have a capacity of 10 ambulatory passengers, plus the driver, or 1 to 3 mobility devices with 3 to 6 ambulatory passengers, plus the driver.**

Purpose: \_\_\_\_\_

Destination: \_\_\_\_\_

**Please return by the 20<sup>th</sup> of each month. Reservations are taken on first-come, first-served basis.**

### Office Use Only

Hours when Public Transit is not available

Pickup/destination out of service area

Demand cannot be met by Metro Connect due to financial or capacity constraints

### **Metro Share**

530 N. Rose Street Kalamazoo, MI 49007

Tel. 269-337-8858 | Fax 269-337-8211 | [www.kmetro.com](http://www.kmetro.com)