



Email/Fax Request

Requested by: _____ Date: ___/___/___ Time: ____:____

Email/Fax: _____ (For Reply Confirmation Number/s)

**ALL LOCATIONS MUST BE WITHIN THE CITY LIMITS OF YAKIMA, UNION GAP AND SELAH
FOR RECURRING RIDES PLEASE CONTACT US AT 509-248-1119**

Name: _____ Date: ___/___/___

Pickup Time: _____

Location: _____ Yakima Union Gap Selah

Return Time: _____ or Will Call

Location: _____ Yakima Union Gap Selah

Number of riders: _____ Personal Care Assistant?

Is a ramp or lift required for this trip? Yes No

Mobility Chair? Manual Power Chair Size: Standard Chair Extra Large Chair

Name: _____ Date: ___/___/___

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