



Boone County Transportation
Special Trip Request

Address: 328 Snedden Drive, Boone, IA 50036

Phone: 515-432-5038 Fax: 515-432-6142

Web: www.boonecountytransit.com

Requesting Facility: _____ **Today's Date:** _____

Date of Trip: _____ **Destination:** _____

Requested Pickup Time: _____ **Requested Return Time:** _____

Clients using Wheelchairs (3):

Clients using Walkers (4):

Ambulatory Clients (4):

Staff:

Maximum Bus Capacity: 3 wheelchair and 8 ambulatory clients. This request must be submitted at least **72 hours prior** to the date of the trip.

Please remember: anyone transferring to a seat from a wheelchair will need assistance of qualified Care Facility personnel. Drivers **CANNOT** transfer clients from wheelchairs. Also you will need to account for any walkers or chairs as they require room that would have been used to seat clients. We cannot transport extra wheelchairs, as they would block an exit in the event of an emergency.

At least one Care Facility Staff member needs to be on each bus with clients. We can only transport clients from your facility to the door of the destination.

Contact Person: _____ **Phone number:** _____

Please complete one form per bus requested. Please fax completed forms to 515-432-6142.