



Transportation Referral Form

Mass Transportation Authority
1401 S. Dort Hwy.
Flint, Michigan 48503
Customer Service: 810-767-0100

Fax: 810-237-8712

Date of Request: _____

Date of Event: _____

Name of Group/Organization: _____

Address: _____

Contact Person: _____

Phone #: _____ Fax #: _____

Email Address: _____

<> Pick Up and Destination Address Required <>

Pick Up Location #1: _____ Departure Time: _____

Pick Up Address #1: _____

Must have an address for both locations

Destination Location #1: _____ Arrival Time: _____

Destination Address #1: _____

Must have an address for both locations

Pick Up Location #2: _____ Departure Time: _____

Pick Up Address #2: _____

Must have an address for both locations

Destination Location #2: _____ Arrival Time: _____

Destination Address #2: _____

Must have an address for both locations

Number of Students: _____ Number of Wheelchairs: _____

Number of Adults: _____

Comments: _____

You will be contacted regarding your trip. 24 hour notice required for cancellation. Late cancellation will result in charges.

<> MONTHLY PASSES CANNOT BE USED FOR SPECIAL TRIPS <>

THIS FORM MUST BE RETURNED TO CUSTOMER SERVICE BY: _____ TO CONFIRM OR DENY SERVICE.

**PLEASE ALLOW TWO (2) WEEKS NOTICE PRIOR TO EVENT
SERVICE WILL BE CONFIRMED OR DENIED IN ONE (1) WEEK**

FOR MTA OFFICE USE ONLY

MTA Scheduling Department

MTA Customer Service

Pass. Count	Hrs. Per Driver	# Of Buses	Total Cost	Approved		Signature:	Date:
				YES	NO		