

# GENESEE TRANSPORTATION INC.

## PASSENGER TRANSPORTATION ORDER FORM

Phone: (585) 256-1510 / Fax: (585) 256-1518 / Email: gtrans@frontiernet.net

Date: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Client Name \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Transportation From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Room # \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Return trip?: Yes ( ) No ( ) Time: \_\_\_\_\_ Call When Done : \_\_\_\_\_

Type of Transportation:

Taxi ( ) Stretcher ( ) Wheel Chair ( ) - Needs A Chair? ( ) Has Own Chair? ( )

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Billing Information

Responsible Party:

Name: \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_

Ordering Party:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Instructions:

Please fill out all of the above information and return to us by e-mail or fax. Once we receive your request we will contact you to schedule your transportation. Information provided does not guarantee trip approval. This form does not allow for same day bookings. If you need immediate assistance, please call us at (585) 256-1510. Please be as detailed as possible, so we can provide you with a faster response.