

Community Service Van Program

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: _____

Is a 10 passenger van required? Yes NO Number of Passengers: _____

*(10 passenger vans are on a first-come, first-serve basis. Requesting one **does not** guarantee you will receive one. I will do my best in accommodating your request. If I am unable to approve your request, I will notify you. Agencies are permitted to request one per day).*

Purpose: _____

Destination: _____

Return by the 20th of each month:

(Office Use Only)

- hours when Public Transit is not available pick-up/destination out of service area demand cannot be met by Metro County Connect due to financial or capacity constraints



Community Service Van Program
530 N. Rose Street Kalamazoo, MI 49007
269-337-8087 | www.kmetro.com

