

# 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 20<sup>th</sup> 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](http://www.kmetro.com)

