



Special Needs Chicago, Inc.
transportation services



RESERVATION REQUEST FORM for Corporate Clients

**required*

*Organization to be Billed: _____

*Transportation Day: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

*Transportation Date (month / day / year): _____

*Passenger Name: _____ * Male Female

*Primary Phone: _____ *Name & Relation to Passenger: _____

*Secondary Phone: _____ *Name & Relation to Passenger: _____

*Email Address: _____

Pickup Facility Name: _____

*Pickup Address & City: _____

Destination Facility Name: _____

*Destination Address & City: _____

*Mobility status: Manual Wheelchair Power Wheelchair Scooter Ambulatory (able to walk)

*Wheelchair / Scooter Width (measured to the outside of the rear wheels):

Most standard chars are approximately 25" width

less than 30" more than 30" (MUST indicate width) _____ N/A

*Is the total weight of the passenger and their mobility device:

less than 350 lbs more than 350 lbs (MUST indicate weight) _____

*For medical appointments, indicate the following or note "N/A":

*Doctor / Practice name _____ *Suite # _____ *Phone # _____

For airport pickups, indicate airline, flight # and arrival time: _____

*Requested pick-up time, indicate AM or PM: _____

Actual time scheduled may vary

*Appointment time, indicate AM or PM: _____

Appointment time = time you want to arrive at your destination

*Will this be: One-way transportation Roundtrip transportation

*If Roundtrip, Indicate Return Status:

If unsure of return time, choose "will-call" and provide an estimated time, meaning you will call when the appointment is over and we will send the first available driver for you. Failure to call within 2 hours of your estimate may result in a No-Show fee. If you have an exact time, note that a wait fee is applicable if you are not ready at the scheduled time. If you'd like the driver to wait, the wait fee is \$48 per hour and is billed in 15 minute increments. No "will-calls" on holidays.

WILL-CALL, and the estimated return time is _____

EXACT time _____

WAIT, and the estimated length of wait is _____ hours

*Number of escorts traveling with passenger: _____ Escort Name & Phone: _____

More than 3 escorts is a group ride, contact our office for group pricing and reservations.

Authorized representative submitting this reservation:

*Name: _____

*Title / Relation: _____

*Email: _____

*Phone: _____

Notes: _____

BY SUBMITTING THIS RESERVATION REQUEST FORM, CUSTOMER AFFIRMS RECEIPT OF AND AGREES TO BE BOUND BY THE SPECIAL NEEDS CHICAGO, INC d/b/a TOOTL TRANSPORT TERMS AND CONDITIONS

• • • • **Special Needs Chicago, Inc.** • phone 630-668-9999 • fax 630-839-6000 • www.specialneedschicago.org • • • •