



# RESERVATION REQUEST FORM *For Corporate Clients*



**Special Needs Chicago**  
*transportation services*

\*Organization to be Billed: \_\_\_\_\_

\*Transportation Day:  Mon  Tue  Wed  Thu  Fri  Sat  Sun \*Transportation Date (mo/day/yr): \_\_\_\_\_

\*Passenger Name: \_\_\_\_\_ \*Room or Floor #: \_\_\_\_\_ \*  Male  Female

\*Primary Phone: \_\_\_\_\_ \*Name & Relation to Passenger: \_\_\_\_\_

\*Secondary Phone: \_\_\_\_\_ \*Name & Relation to Passenger: \_\_\_\_\_

\*Pickup Facility, Address & City: \_\_\_\_\_

\*Destination Facility, Address & City: \_\_\_\_\_

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

Wheelchair / Scooter Width:  less than 30"  more than 30" (MUST indicate width) \_\_\_\_\_ (standard chairs are approx 25" width)

\*Total weight of the passenger & mobility device is:  less than 350 lbs  more than 350 lbs (MUST indicate weight) \_\_\_\_\_

For medical appts, indicate: \*Doctor / Practice name \_\_\_\_\_ \*Suite # \_\_\_\_\_ \*Phone # \_\_\_\_\_

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

\*Requested pick-up time, indicate AM or PM: \_\_\_\_\_ \*Appointment time, indicate AM or PM: \_\_\_\_\_  
*Actual pickup time scheduled may vary* *Appointment time = time you want to arrive at your destination*

\*Will this be:  One-way transportation  Roundtrip transportation

\*If Roundtrip, Indicate Return Status:

WILL-CALL, estimated return time is \_\_\_\_\_ (You will call when appointment is over, we'll send first available driver. N/A on holidays.)

EXACT time \_\_\_\_\_ (Wait fee or no-show fee is applicable if not ready.)

WAIT, and the estimated length of wait is \_\_\_\_\_ hours (Wait fee is \$48/hr and is billed in 15 minute increments.)

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

\*Is passenger symptomatic of, quarantined for, or diagnosed with COVID-19?  Yes  No (If yes, additional \$150 each way.)

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 • info@specialneedschicago.org • www.specialneedschicago.org •