

UNIVERSITY OF VIRGINIA

REQUEST FOR CHARTER TRANSIT SERVICE

TO: DEPARTMENT OF PARKING AND TRANSPORTATION
1101 Millmont Street
Charlottesville, VA 22901
Attn: Charter Representative

DATE: _____

NAME: _____

GROUP/ORGANIZATION NAME: _____

PTAEO NUMBER: _____

BILLING ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

* * * * *

Date of Required Service: _____

Number of People Needing Transportation: _____

Type(s) of Bus(es) Requested: _____

Pickup Time: _____ Approximate Return Time: _____

Pickup Point: _____ Destination: _____

Itinerary/Routing If Known (attach additional sheet if needed) _____

This form can be faxed to University Transit Service at 924-7250
or mailed to the address above

FOR OFFICE USE ONLY

Date _____ Number of buses provided: _____

Charter Number(s): _____