



FAXED BOOKING REQUEST FORM

PLEASE FAX THE COMPLETED FORM TO 780-496-1008

BOOKING TYPE – Reservation _____ Group _____ (Please complete attached
Cancel _____ form for Group Booking)

CONTACT INFORMATION:

Today's Date _____ Your Name _____

Your Phone Number _____ Your Fax Number _____

DATS Registrant Name _____ DATS ID# _____

Password (If Applicable) _____

Trip Date _____ (Circle one of these)
NEW BOOKING/CANCEL _____ CHANGE EXISTING BOOKING _____
Complete Part A only Please Complete Parts A & B

Is there an Attendant _____ or Mandatory Attendant on this Trip? _____
One way/Both ways (circle one of these)

PART A Mobility Equipment - Yes _____ No _____ If yes, What Type _____

<u>EXACT PICK UP ADDRESS</u>	<u>EXACT DROP OFF ADDRESS</u>	<u>PICK UP TIME</u>
		TO
THEN FROM		TO
THEN FROM		TO
THEN FROM		TO

PART B Is there an Attendant _____ or Mandatory Attendant on this Trip? _____

Mobility Equipment - Yes _____ No _____ If yes, What Type _____

<u>EXACT PICK UP ADDRESS</u>	<u>EXACT DROP OFF ADDRESS</u>	<u>PICK UP TIME</u>
		TO
THEN FROM		TO
THEN FROM		TO
THEN FROM		TO

This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used by DATS for Processing of this Form. It is protected by the Privacy provision of the Freedom of Information and Protection Of Privacy Act. If you have any questions about this collection, contact DATS Customer Care Centre at 780-496-4567 Option 4

TO BE COMPLETED BY DATS CUSTOMER CARE CENTRE STAFF

Entered by _____ Confirmed by _____