SUBSCRIPTION FAXED BOOKING REQUEST FORM

PLEASE FAX THE COMPLETED FORM TO 780-496-1008

CONTACT INFORMATION:
Today’s Date_________________ Your Name___________________
Your Phone Number______________ Your Fax Number______________
DATS Registrant Name______________   DATS ID#______________
Password(If Applicable)_______________

NEW SUBSCRIPTION TRIP INFORMATION

Is there an Attendant__________ or Mandatory Attendant on this Trip?_________
Mobility Equipment - Yes ____  No _____   If yes, What Type___________

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<th>EXACT PICK UP ADDRESS</th>
<th>EXACT DROP OFF ADDRESS</th>
<th>PICK UP TIME</th>
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SUBSCRIPTION TRIP BOOKING REQUEST –

Please Check the days that you would like your Subscription for:
Monday_____ Tuesday_____ Wednesday_____ Thursday_____ Friday_____
Saturday_____ Sunday_____

EFFECTIVE DATES ________________ PERMANENT CANCEL ____  TEMPORARY CANCEL ___

Current Trip information if Permanent Cancel or Temporary Cancel (Circle one of these)

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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__________________________