



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\_\_\_\_\_

Table with 3 columns: EXACT PICK UP ADDRESS, EXACT DROP OFF ADDRESS, PICK UP TIME. Rows include THEN FROM and TO.

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)

Table with 3 columns: EXACT PICK UP ADDRESS, EXACT DROP OFF ADDRESS, PICK UP TIME. Rows include THEN FROM and 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 \_\_\_\_\_