

TROLLEY BUS USE FORM

(Fees charged will include driver time required before and after the service)
\$ 95.00 per hour with a 2 hour minimum

Requesting agency or person:
(This is where you want the bill sent)

Name: _____

Mailing Address: _____

Telephone: _____

Contact Person: _____

DAY of Service (M,T,W,TR,F,S,SU): _____ **DATE of Service:** _____

Starting Time: _____ **Ending Time:** _____

Number of Passengers Expected: _____

Where do you want the trolley to start? _____

What do you want the trolley to do? _____

Where do you want the trolley to end? _____

Date

Printed Name

Signature

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