

# 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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