

**Town of Sudbury – Urgent COVID-19 Taxi Pilot -
MAPC Trip Request**

Date of Trip:			
Requested Pick up time:			
Appointment time :			
One way trip: _____ Round trip: _____			

Trip Details

Rider Name:			
Pick up address:			
Phone-include both:	Home:	Cell:	
Destination--Name and Address:			
Special comments/notes: (particular door/location, etc.)			
Accommodations: (W/C vehicle, mobility device, companion?)			

Return trip Details

Pick up address:			
Pick up time:	Medical rides	Shopping trips	
	Estimated pick up time: _____ *Rider will call when ready		

REQUIRED: Taxi provider must return this completed form to Sudbury for Billing

Town of Sudbury, Office of Planning and Community Development, 278 Old Sudbury Rd.,
Sudbury, MA 01776 Email: duchesneaua@sudbury.ma.us P-978-639-3398

Date trip completed:	/ /2020	Total Cost initial trip:	\$	Total Cost return trip	\$
If any adjustments were made to the trip, please note changes					

For Planning use only:	Rec'd:	/	Submitted	/	Company		Planning	
tommystaxi167@verizon.net S-S, 5a-11p, 872-3500					jfktrans@aol.com M-F 5:30a-8p, S-S, 6a-8p. 653-4500			