

COMMUNITY SERVICES HANDI-VAN CONTRACT

NO SMOKING PLEASE

Name _____

Contact Person _____ Phone _____

Billing Address _____ Hanna, AB _____

Bus Driver's Name _____ Class _____



Please note: The handi-van ramp only accommodates wheelchairs to a maximum width of 29 ¾ inches wide to proceed up into the handi-van.

Driver's License Copy of PERSON DRIVING THE VAN MUST BE RECEIVED AND ATTACHED TO THIS FORM before the van goes out.

Date van to be used _____

Destination _____ (only within Alberta)

This van **cannot** be used for **COMMERCIAL USE**.

// Special Needs Van:

Minimum rate of \$15 per day plus \$.15 / kilometer plus you must refuel the van and add GST. Council of the Town of Hanna will waive the daily fee and the per kilometer charge for the Handi-van upon sufficient documentation for confirmation of medical appointment. ***You will need to get the Confirmation of Medical Appointment sheet (you were given by the Town of Hanna) signed by someone at the place of your medical appointment in order to be exempt from the above fees.***

Patient's Name: _____

Office use: Information Provided //

*****I have read and understood the Community Services Handi-Van Policy**

Date

Signature of Contact Person

Office use: // CS staff notified of rental by (email/phone)_corresponded with _CS Tables & Chairs _____ Date: _____ Initial: _____