

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: \_\_\_\_\_