



# Nisqually Tribe Airport Shuttle Request Form

360-456-5236

Date: \_\_\_\_\_ (3 weeks in advance)

Requestor name: \_\_\_\_\_ Tribal member \_\_\_\_\_ Employee \_\_\_\_\_

Contact Number: \_\_\_\_\_

Travel dates: \_\_\_\_\_ - \_\_\_\_\_

Number of passengers- Adults \_\_\_\_\_ Children under age 12 \_\_\_\_\_

Airline: \_\_\_\_\_

Departing Flight # and Time: \_\_\_\_\_ Pick up time \_\_\_\_\_

Arriving Flight #and Time: \_\_\_\_\_ Pick up time \_\_\_\_\_

Passenger Address: \_\_\_\_\_

Special needs \_\_\_\_\_

Must read and agree to Shuttle Policies & Guidelines: \_\_\_\_\_ (Initials)

*Reservation taken by* \_\_\_\_\_ *Time and date* \_\_\_\_\_ *Confirmed* \_\_\_\_\_

### **SIGNATURES REQUIRED**

Requester: \_\_\_\_\_ Date \_\_\_\_\_

Motor Pool Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

Received on: \_\_\_\_\_

*Completed form, to be submitted to Motor Pool Coordinator. 8/2014*

Form approved by: **CEO** Date signed 3 / 16 / 2022