Winnipeg | Transit Transports

VEHICLE REQUEST FORM

Section A: Customer Information

Name:_____Registration #: _____
Phone / Email: _____

Purpose:

To determine if the request for a specific vehicle type is reasonable.

From time to time, a customer may require a specific type of vehicle on a temporary or ongoing basis, such as a wheelchair van for wheelchair transportation.

Customers are automatically assigned the 'next available vehicle' by the Winnipeg Transit Plus scheduling system as part of our shared ride service. The scheduling system is designed to provide rides to as many customers as possible with reliable and efficient service. Removing types of vehicles to travel on may limit the trip options available to you and other customers.

Service Description:

Winnipeg Transit Plus provides door-to-door service to qualified passengers who are unable to use standard transit services. While we strive to provide the best possible service to everyone, Winnipeg Transit Plus is more like standard bus services than private services like taxis or medical transport.

Agreement of Terms:

As a Winnipeg Transit Plus customer, I have read the above statement and understand that by accommodating the type of vehicle I am sent, my trip options and service may be limited. While Winnipeg Transit Plus will provide customers with reasonable accommodation and make efforts to meet my specific requests, I recognize they cannot guarantee the availability of specific vehicles. I also understand that Winnipeg Transit Plus is unable to

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accommodate specific vehicle types based on individual preferences. Winnipeg Transit Plus may review requests as vehicles change in the fleet as we continuously strive to enhance accessibility for customers.

Section B: Self-assessment

Which of the following describes your difficulty accessing a specific Winnipeg Transit Plus vehicle:

- ☐ Medical condition
- ☐ Mobility device/Equipment (e.g., including width/length or weight)
- ☐ Service animal size (e.g., weight/size of animal)

Please provide details to explain your specific needs.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please note that additional medical information and/or an in-person individual assessment may be required to make a decision about your request.

I have read and understand the purpose statement and agreement of terms. The self-assessment information is accurate to the best of my knowledge.

Customer/alternate signature:_____Date: _____
Alternate's name: _____ Phone: _____
Email: _____ Address: _____