

## **All Points Transit**

## **Bus Pass Request Form**

| Passenger   | Name       | :               |     |  |  |
|---|------------|-----------------|-----|--|--|
| Client Nam<br>Client Phor   | ne:<br>ne: |                 |     |  |  |
| Bus Pass St   | tart Da    | ite:            |     |  |  |
|   | rose P     | 10 Rides - \$30 |     | 1 Month (Discout) 3 Month (Discout) 6 Month (Discout) 10 Rides (Discout) | unt) - \$50<br>unt) - \$100<br>unt) - \$20 |
| Payment Method:  In-Person at All Points Transit Office  Over the phone via card payment Please invoice my organization   |            |                 |     |  |  |
| How would you like to receive your bus pass?  ☐ I will pick it up at the All Points Transit office at 156 Colorado Avenue, Montrose, CO 81401 and deliver it to the passenger.  ☐ Passenger will pick it up at the All Points Transit office.  ☐ Passenger will pick it from the driver on the bus route: Name of Route and/or Driver: ☐ Date of travel: ☐ AM? or ☐ PM? |            |                 |     |  |  |
| PAID?   | □ Ye       | s 🗆 No          | □ C | ollect Payment   | \$   |