## **Olympic Educational Service District #114**

105 National Avenue North, Bremerton, WA 98312 360.478.6889—1.800.201.1300—Fax 360.405.6808





\*\*This form must be submitted to
Bonnie Thane before 12pm the day before the event.

## Early Learning Department/City Cab—Taxi Request

1. Date Given to Bonnie:	Driver's Name (driver fills out):			
2. Staff Requesting Taxi: Staff's Phone:				
3. DATE & DAY Transportation is Needed	:			
4. Grant to be Charged (circle one):	HS	EHS	ECEAP	EHS-CCP
5. Name of Event Being Attended:				
6. Pick-Up Time: ACTUAL TIME AI Return Pick-Up Time: ACUTAL TI # of Adults # of Children				
7. Mark One (Only if Applicable):				
$\Box$ This is a one-way trip TO the event only	у			
$\Box$ This is a one-way trip home FROM the $\epsilon$	event only			
8. Parent/Fare Name:				
$\hfill \square$ Parent/Fare is Spanish speaking only (i	if yes, taxi drive	r will contact the	e staff member's ¡	phone if any questions)
9. Pick-Up Address:			City	Zip
10. Parent Phone:				
11. Transport to This Address:			City	Zip
12. Return to This Address:				
13. Additional Information:				
REQUEST WAS CANCELLED AT THIS TIME	(driver fills out):	CANCE	LLED BY (name) (d	Iriver fills out):
•••••	•••••	••••••	•••••	•••••
City Cab Dispatch: 360.550.5377 If your ta Assistants, you must call City Cab yourself need to cancel the taxi for Callahan Drive to request you cancelled as soon as you can.	and cancel in th	is manner: "Hello	o, this is c	alling from the OESD. I
Bonnie: 360.478.6889—Brooke: 360.478.6860—Sas				
Account Code to be Charged				