



Anoka County Traveler - Transit Link Group Trip Request

Group Name: _____ Passengers: _____ Children U5: _____

Date of Ride: _____ Day of Week: Please X the day of your ride:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Go Ride: Trip Information

Pickup: Address: _____ City: _____

Requested Pickup Time: _____ AM PM ***

Drop-off (Location Name): Address: _____

City: _____ Appointment Time: _____ AM PM

Return Ride: Trip Information

Pickup (Location Name): Address: _____

City: _____ Requested Pickup Time: _____ AM PM ***

Drop-off: Address: _____ City: _____

Please provide the name of each passenger along with their mobility status of ambulatory, wheelchair or walker:

Contact: _____ Phone: (____) _____ E-mail: _____

Please send request in advance to mark.schermerhorn@anokacountymn.gov and paul.depa@metc.state.mn.us

**TOTAL COST OF TRIP _____

**To be determined by transit provider

*** Vehicles will arrive within 30 minutes of the scheduled pickup time

If you have questions on the day of your ride, call reservations at 651-602-5465 press prompts 1, 1 and 2.