

SELAH DIAL A RIDE REQUEST FORM

Email dispatch@gomedstar.com Fax 206-691-8689

Requested by: _____ Date: ____ / ____ / ____
Email/Fax: _____

**ALL LOCATIONS MUST BE WITHIN THE CITY LIMITS OF YAKIMA, UNION GAP AND SELAH
TRIPS ARE SCHEDULED BY 4:30PM FOR THE NEXT DAY OR FUTURE DATE
FOR RECURRING TRIPS PLEASE CONTACT US AT 509-574-8000**

Name: _____ Date: ____ / ____ / ____
Pickup Time: _____
Location: _____ Yakima Union Gap Selah
Return Time: _____ or Will Call
Location: _____ Yakima Union Gap Selah
Number of riders: _____ Personal Care Assistant?
Is a ramp or lift required for this trip? Yes No Width of Wheelchair _____
Mobility Chair? Manual Power Chair (From Outside Wheel to Outside Wheel Inches)

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Location: _____ Yakima Union Gap Selah
Return Time: _____ or Will Call
Location: _____ Yakima Union Gap Selah
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