



TRANSIT

CHARTER REQUEST FORM

Thunder Bay Transit

Lift+ Specialized Transit

Company: _____

Address: _____

City/Prov: _____ **Postal Code:** _____

Contact: _____ **Phone/Cell:** _____

Charter Date: _____ **Number of Passengers:** _____

Charters Details	
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Return a minimum of two (2) weeks prior to the event to:

Mail: Transit Services
570 Fort William Road
Thunder Bay ON P7B 2Z8

Fax: 807-345-5744

Email: transit@thunderbay.ca

For Office use Only

Date Received	
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