



Manly Warringah Pittwater Community Transport

201/30 Fisher Road DEE WHY NSW 2099

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COMMUNITY BUS SERVICE APPLICATION FORM 2008

Office Use Only

Bus Allocated: _____

Receipt No.: _____ Date: ___/___/___

Name of Group/Organisation: _____

Contact Person: _____ Phone No: _____

Correspondence Address: _____

Driver's Name: _____ Phone No: _____

Licence No: _____ CLASS: _____

NB Attach copy of licence if not already provided

Date of Trip: _____ Day of Week: _____

Time bus will be: Collected: _____ Returned: _____

Destination (Suburb) _____

Trip Purpose: Day Care Social/Recreation Shopping

Hospital GP/Specialist Other: _____

Number of Passengers Expected: _____

Is Wheelchair Access Required: [YES] / [NO]

\$165 Including GST per calendar day.
for up to 200km will be charged.

Please see MWPCT Bus Hire Terms and
Conditions.

I acknowledge that I have read and
understood the conditions of use (listed
on a separate sheet) and agree to abide
by them.

Name: _____

Signature: _____

Date: _____/_____/2008