

# REQUEST FOR BUS SERVICE

**ALLIANCE**  
BUS LINES, INC.



CA TCP #13753 B  
1247 W. BROOKS STREET  
ONTARIO CA, 91762  
P: 909-983-0443  
F: 909-983-0483

**How to use this form:**

Fill out the contact information on the top right and fill in the information below and fax it to us or call the information into our office.

**Customer:** \_\_\_\_\_

(example: Ontario Recreation Center)

**Attention:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Group:** \_\_\_\_\_

(example: 1st Grade Summer Camp)

**PLEASE NOTE:**

*Trips are NOT booked until you receive a confirmation back from our office.*

**\*\*Buses Seat\*\***

52 @ 2 per seat or

78 @ 3 per seat

DATE OF SERVICE	PICK UP TIME	PICK UP LOCATION	DESTINATION	RETURN TIME TO ORIGINAL PICK UP LOCATION	# OF PAX	# OF BUSES
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