



Nisqually Tribe

Airport Shuttle Request Form

360-456-5236

Date: _____ (3 weeks in advance)

Tribal Member Requestor: _____

Contact Number: _____

Travel dates: _____ - _____

Number of passengers- Adults _____ Children under age 12 _____

Airline: _____

Departing Flight # and Time: _____ Pick up time _____

Arriving Flight #and Time: _____ Pick up time _____

Passenger Address: _____

Special needs _____

Must read and agree to Shuttle Policies & Guidelines: _____ (Initials)

Reservation taken by _____ *Time and date* _____ *Confirmed* _____

SIGNATURES REQUIRED

Requester: _____ Date _____

Motor Pool Coordinator: _____ Date _____

Received on: _____

Completed form, to be submitted to Motor Pool Coordinator. 8/2014

Form approved by: CEO Date signed 3 / 16 / 2022