

# Fort Smith Transit Charter Application

6821 Jenny Lind  
P.O. Box 1908  
Fort Smith, AR 72902  
(479) 783-6464

Name of Business/Individual/Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Date(s) of Charter: \_\_\_\_\_

---

## ORIGINAL TRIP:

Number of Passengers Expected: \_\_\_\_\_

Pick Up Location (address & name of place):

\_\_\_\_\_  
\_\_\_\_\_

Recommended Boarding Time: \_\_\_\_\_

Destination Location (address & name of place):

\_\_\_\_\_  
\_\_\_\_\_

Recommended Arrival Time: \_\_\_\_\_

If requesting additional trips to alternate locations prior to returning to original location, please attach additional sheets explaining time and locations.

---

**RETURN TRIP?**      Yes \_\_\_      No \_\_\_

Number of Passengers Expected for Return Trip: \_\_\_\_\_

Pick Up Location (address & name of place):

\_\_\_\_\_  
\_\_\_\_\_

Recommended Boarding Time: \_\_\_\_\_

Destination Location (address & name of place):

---

---

Recommended Arrival Time: \_\_\_\_\_

ADDITIONAL COMMENTS/NOTES (attach additional sheets if necessary):

---

---

---

## **APPLICANT ACKNOWLEDGMENT**

I understand and approve the following provisions that apply to this charter request:

1. Vehicles will not maneuver into areas that could cause damage to the transit vehicle. Staff may visit the site and/or the route the vehicles will be taking prior to approval of the charter.
2. Prior approval must be given before eating and/or drinking will be permitted on the transit vehicle.
3. Any damage to a transit vehicle outside the normal wear and tear will be the financial responsibility of the applicant.
4. Prior approval must be received to place any decorations on the vehicle. Decorations cannot obstruct the driver's view or passenger walkways.
5. Rates and Fees:
  - A. First Hour \$200.00; Each Additional Hour \$100.00.
  - B. A deposit of \$100 plus one-half the estimated cost of the charter will be required when filing a charter application. There are no refunds for charters that are cancelled less than seven (7) calendar days prior to the event.
  - C. Deposits and other costs may be paid in cash or by check made out to "Fort Smith Transit". Mailing Address: P.O. Box 1908, Fort Smith, AR 72902-1908
  - D. Following the charter, the actual cost will be calculated and billed the first of the next month to the applicant. Charges are calculated in fifteen (15) minute increments.

- E. Drivers are not allowed to accept tips. Any tips received will be applied to Transit Department revenues.
- F. A fee will be assessed if the transit vehicle interior is left in disarray and/or if there are damages to the interior or exterior of the vehicle due to passenger disregard of property.

APPLICANT:

\_\_\_\_\_  
Signature and Date

<i>Office Use Only</i>	
<i>Total Estimated Time:</i> _____	<i>Total Estimated Cost:</i> _____
<i>Total Deposit Paid:</i> _____	___Cash ___ Check (Chk # _____)
<i>Transit Approval:</i> _____	