

# Transportation Service Request

Date: [Insert Date]

To: [Transportation Company Name]

From: [Your Company Name]

Contact Person: [Your Name]

Email: [Your Email]

Phone: [Your Phone Number]

## Event Details

Event Name: [Insert Event Name]

Date of Event: [Insert Event Date]

Event Location: [Insert Event Location]

Number of Attendees: [Insert Number]

## Transportation Requirements

Type of Vehicles Needed: [Insert Type of Vehicles]

Pick-Up Locations: [Insert Pick-Up Locations]

Drop-Off Locations: [Insert Drop-Off Locations]

Schedule: [Insert Pick-Up and Drop-Off Times]

## Additional Information

[Any additional instructions or requirements]

Thank you for your prompt attention to this request. We look forward to working with you.

Best Regards,  
[Your Name]  
[Your Job Title]  
[Your Company Name]