

Shuttle Service Notification

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

We are pleased to inform you about our shuttle service available for medical visits. This service is designed to assist individuals in reaching their medical appointments safely and comfortably.

Service Details:

- **Service Days:** [Insert Days of Operation]
- **Departure Times:** [Insert Departure Times]
- **Pick-up Locations:** [Insert Pick-up Locations]
- **Cost:** [Insert Cost Information]

Please make your reservation at least [Insert Notice Period] in advance by contacting us at [Insert Contact Information]. We recommend providing your appointment details to ensure timely drop-off.

Thank you for choosing our shuttle service. We look forward to serving you!

Best regards,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]