

LOTMA Emergency Ride Home

No Worries!



Refund Application

Use this form to apply for reimbursement for your Emergency Ride Home (ERH). Remember, you must be pre-registered for the Emergency Ride Home Program before your ride home was used.

Payment Information

(Please Print)

Name: _____

E-Mail: _____ Phone: _____

Mailing Address: _____

City: _____ Zip: _____

Ride Information

Date and Time of ERH: _____

Reason for the ERH:

- Child injured or sick
- Personal Illness
- Carpool/vanpool vehicle unavailable for its usual schedule
- Other unplanned personal emergency. Please explain: _____

Type of Transportation Used for ERH:

- Taxi Company: _____ Amount of taxi fare: \$ _____
- Rental Car Agency: _____ Amount of 24-hour car rental fee: \$ _____

I certify that the above described Emergency Ride Home was required for an unplanned personal emergency and meets all of the requirements of the Emergency Ride Home Program.

Signature: _____ Date: _____

Attach receipt from transportation provider and mail to: LOTMA, 700 Bishop Street, Ste. 1928, Honolulu, HI 96813
Questions? Call 677-RIDE (7433)