

FORT BEND COUNTY PUBLIC TRANSPORTATION Charter Service Agreement

Fort Bend County Public Transportation (FBCPT) will provide _____
(# of vehicles)

_____ on _____ for _____
(Type of Vehicle) (Date) (Organization)

The FBCPT vehicle(s) will pick up _____ passengers at _____
(Number) (Time)

(Pick up Address)

and will drop off at _____
(Drop off Address)

The FBCPT vehicle(s) will then pick up passengers at _____
(Return trip pick up address)

At _____ and drop off passengers at _____
(Time) (Return trip drop off address)

The estimated number of hours of charter service will be _____
(# of hours)

The _____ agrees to pay \$ _____
(Chartering Organization) (amount)

an hour for the above described service. Contact person is _____ and
(Name)

the contact number is _____ & email is _____.
(Phone Number) (email address)

Itinerary attached? Yes _____ No _____

Fort Bend County Transportation Department
12550 Emily Court, Ste 400
Sugar Land, Texas 77478
281-633-7433 (RIDE) * 866-751-8747 (TRIP)

Please note that **half of the estimated fee** will be required within five (5) business days after contract has been accepted. The remaining balance will be invoiced to the chartering organization once the trip's final details have been assessed. Payment can be mailed or dropped off at our office. Office hours are 8 a.m. – 5 p.m., Monday through Friday; excluding Holidays. Checks are payable to Fort Bend County.

Breakdown of service charges:

_____ hours @ \$_____ per hour = \$_____

Initial cost estimate is \$_____

Down Payment is \$_____

Signature

Printed Name and Title

Date



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