

CALIFORNIA MOTOR ESCORTS

Captain Julius Melendez

REQUEST FORM

FROM : _____

MORTUARY

NAME OF DECEASED: _____

DATE OF SERVICE _____ TIME OF SERVICE: _____

LOCATION OF SERVICE: _____

LOCATION ADDRESS: _____

ESCORT TO MEET AT TIME _____ DATE: _____ M T W T F SAT SUN

LOCATION: _____

DESTINATION: _____

DESTINATION CITY: _____

NUMBER OF ESCORTS: (1) (2) (3) (4) (5) (6)

PLEASE CIRCLE ONE

PERSON REQUESTING ESCORT: _____ DATE

& TIME OF REQUEST: _____

SPECIAL INSTRUCTIONS:

CONFIRMATION:

TIME: _____

DATE: _____

SIGNATURE: _____

**CALIFORNIA MOTOR ESCORTS
P.O.BOX 5312, RICHMOND, CA. 94805
TEL 510-610-3094 FAX 510-235-6963**