

RIDESHARE APPLICATION

DATE _____

NAME _____
LAST FIRST

ORIGIN ADDRESS _____
No. STREET NAME P.O. BOX APT. No.
CITY/TOWN COUNTY ZIP CODE

TELEPHONE _____
HOME WORK FAX EMAIL

Do you prefer to be called at HOME WORK NO PREFERENCE

DESTINATION/EMPLOYER'S NAME _____ ID# _____

ADDRESS _____
No. STREET NAME ROOM /SUITE/FLOOR
CITY/TOWN COUNTY ZIP CODE

WHAT TIME DO YOU START WORK? _____ AM/PM STOP WORK? _____ AM/PM

EARLIEST ARRIVAL TIME? _____ AM/PM LATEST DEPARTURE? _____ AM/PM

WHAT ARE YOUR USUAL WORK DAYS? (Check all days worked).

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

HOW ARE YOU CURRENTLY GETTING TO WORK? (Check all appropriate boxes).

DRIVE ALONE DRIVE WITH OTHERS RIDE WITH OTHERS BUS BICYCLE WALK TAXI OTHER

AS A CARPOOLER, WILL YOU: DRIVE RIDE SHARE

ARE YOU A SMOKER? YES NO

DO YOU PREFER TO RIDE WITH A SMOKER? YES NO NO PREFERENCE

HOW DID YOU HEAR ABOUT RIDESHARE? (Choose maximum of 4)

EMPLOYER CO-WORKER RIDESHARE MEMBER
 SCHOOL NEWSPAPER RELATIVE / FRIEND
 BROCHURE HIGHWAY SIGNS CHAMBER OF COMMERCE
 OTHER COMPANY RADIO / TELEVISION

WHY DID YOU DECIDE TO JOIN RIDESHARE? (Choose all that apply).

SHARE EXPENSES CONVENIENCE NO VEHICLE NO PUBLIC TRANSIT NO LICENSE SINGLE VEHICLE HOUSEHOLD OTHER

WOULD YOU LIKE RTS BUS INFORMATION? YES NO

(There have been times when we were not able to make instant matches with other applicants. However, we do have information regarding RTS that we could suggest.)

MAILING ADDRESS

(if different from origin address)

<i>No.</i>	<i>STREET NAME</i>	<i>P.O. BOX</i>	<i>APT. No.</i>
<i>CITY/TOWN</i>	<i>COUNTY</i>	<i>ZIP CODE</i>	

COMMENTS:

Please mail your completed application to:
Rideshare Program
Rochester-Genesee Regional Transportation Authority
1372 East Main Street
Rochester, New York 14609
FAX: 585-654-0289

If you have any questions or would like more information about the Rideshare Program,
please contact us at
585.262.3100 or by email at carpool@rgрта.com

OFFICIAL USE ONLY

	DATE	INITIALS		DATE	INITIALS
ENTERED	<input type="text"/>	<input type="text"/>	PPP FORM SENT	<input type="text"/>	<input type="text"/>
MATCH LETTER	<input type="text"/>	<input type="text"/>	PPP FORM RECEIVED	<input type="text"/>	<input type="text"/>
RTS INFORMATION	<input type="text"/>	<input type="text"/>	ACCEPTANCE LETTER	<input type="text"/>	<input type="text"/>
RIDE WANTED FLYER	<input type="text"/>	<input type="text"/>	NUMBER OF PERMITS	<input type="text"/>	<input type="text"/>

Rideshare is a not-for-profit commuter program administered by the Rochester Genesee Regional Transportation Authority, Federal Highway Administration and New York State Department of Transportation.
 Rideshare is funded by a grant from the U.S. Department of Transportation and local support.

PREFERRED PARKING PROGRAM

We hope that you have read through our Preferred Parking brochure. As you may have seen, this program is linked to Rideshare. Please fill out the information on the Rideshare Application and include it with your Preferred Parking Form. —Thank you!

DATE _____

NAME _____

ARE YOU CURRENTLY PARKING IN A MUNICIPAL GARAGE DOWNTOWN? YES NO

DO YOU PURCHASE YOUR OWN KEYCARD? YES NO

PLEASE PLACE TELL US WHICH GARAGE YOU AND YOUR CARPOOL PREFER:

<input type="checkbox"/>	Court Street	<input type="checkbox"/>	Genesee Crossroads	<input type="checkbox"/>	East End
<input type="checkbox"/>	Sister Cities	<input type="checkbox"/>	Washington Square		

DO YOU WANT TO BE PLACED ON A WAITING LIST IF THE IF THE PREFERRED PARKING SPACES ARE CURRENTLY FULL? YES NO



DATE: _____

GARAGE _____

The following information is required in order to police the reserved preferred parking spaces and to verify your carpool.

<u>VEHICLE INFORMATION</u>					
	Plate No.	Model	Make	Color	Year
Primary Vehicle*					
Alternate Vehicle					
Alternate Vehicle					
Alternate Vehicle					

* Denotes primary driver in the carpool.

<u>CARPOOL MEMBERS</u>			
1.	_____	_____	_____
	Your Name	Home Phone	Work Phone Ext.
2.	_____	_____	_____
	Carpool Member	Home Phone	Work Phone Ext.
3.	_____	_____	_____
	Carpool Member	Home Phone	Work Phone Ext.
4.	_____	_____	_____
	Carpool Member	Home Phone	Work Phone Ext.

Each carpool member must complete an application form.
 \$ Signifies buyer of garage key card. Please place \$ symbol next to buyer's name.

<u>TRUTH IN APPLICATION STATEMENT</u>	
I, _____ do hereby attest to the information on my application for the Preferred Parking subsidy, including the names of my carpoolers and vehicle information, are true.	
Signed: _____	Date: _____