

Car Pool Register

We are: a new pool a renewing pool updating/changing our pool
A Car Pool Register must be renewed every 6 months.

A pool is defined as 2 or more persons riding in the same vehicle at least 3 days per week.
Pools requesting preferential parking at an employer or school location must follow the rules set up by that site. All parking opportunities are pending availability. Some locations may have waiting lists. Please call 952.848.4947 for more information.

Employer/School-Specific Preferential Parking

Employer _____
 School _____

Tell us about your pool members (please print)

Member 1 driver/rider rider only

Name _____

Home address _____ # _____

City, State, Zip _____

Home Phone Number _____

E-mail Address _____

Do you want information on potential car pool partners? Yes No

May we share your name with others looking for car pool partners? Yes No

Do you want to join the free Guaranteed Ride Home program (see back for details)? Yes No

Company/School Name _____

Company/School Address _____ # _____

City, State, Zip _____

Work Phone Number _____ Work Hours _____

Member 2 driver/rider rider only

Name _____

Home address _____ # _____

City, State, Zip _____

Home Phone Number _____

E-mail Address _____

Do you want information on potential car pool partners? Yes No

May we share your name with others looking for car pool partners? Yes No

Do you want to join the free Guaranteed Ride Home program (see back for details)? Yes No

Company/School Name _____

Company/School Address _____ # _____

City, State, Zip _____

Work Phone Number _____ Work Hours _____

Member 3 driver/rider rider only

Name _____

Home address _____ # _____

City, State, Zip _____

Home Phone Number _____

E-mail Address _____

Do you want information on potential car pool partners? Yes No

May we share your name with others looking for car pool partners? Yes No

Do you want to join the free Guaranteed Ride Home program (see back for details)? Yes No

Company/School Name _____

Company/School Address _____ # _____

City, State, Zip _____

Work Phone Number _____ Work Hours _____

Signatures All pool members must sign

I verify that the above information is true and correct, that I meet the guidelines as noted above and that I have read the Tennessee Data Privacy Warning on the reverse side.

Member 1 _____ Date _____

Member 2 _____ Date _____

Member 3 _____ Date _____

See back for mailing / faxing info

Dear Valued Commuter,

Thank you for taking the time to register your car pool with Metro Transit Rideshare and 494 Commuter Services. By car pooling you can benefit with cost and time savings, preferential parking and reduced traffic congestion and air pollution.

To find out more about programs and incentives for not driving alone, visit our website at www.494corridor.org or call 952.848.4947

To register your car pool, please complete the information on the reverse side and submit:

- **By fax** – 952.848.4904
- **By mail** – fold so that the mailing address is visible, tape shut (do not staple), put on stamp and mail.

Once the car pool registration form has been verified, the first member on the list will receive one permit tag and instructions within 7 to 10 business days from Metro Transit Rideshare. Multiple permits will not be sent. Your permit will arrive from Metro Transit.

Join the Guaranteed Ride Home program and we'll make sure you get home

You'll receive coupons for a free cab, bus or train ride when you need to get home in an emergency. You're eligible if you take transit, bike, walk or carpool to work at least three times a week.

Sign up on the front of this form.

FOLD

Tennessee Data Privacy Warning

1. You will be asked to provide certain information on this form for the purpose of providing you and like applicants with rideshare services.
2. Participation in the program is strictly voluntary, and you are not required by law to furnish any of the information requested on this form.
3. The following information requested on this form is classified as private data under the Minnesota Government Data Practices Act: (a) your residential address and telephone number; (b) your beginning and ending work hours; (c) your current mode of commuting to and from work; and (d) the type of rideshare service information you have requested. All other information you provide is considered public data and is accessible by any person for any reason.
4. You should know that any of the information you provide, whether classified as private or public, will be provided to certain other entities and individuals in order to supply you with the requested rideshare services. These entities and individuals include other agencies or governmental units, employers that are participating in the matching of information of rideshare applicants, and other matched rideshare applicants. In order to provide you with rideshare service(s), match lists containing your name, address, employer, telephone number(s) of your choice, working hours and rideshare preference may be sent to any of the above entities or individuals.
5. The only consequences of not furnishing all of the information on this form are: 1) The rideshare program will be denied data to be used for statistical evaluation, and 2) The rideshare program's ability to supply you with the requested services may be restricted.
6. The information provided by you on this form will be used solely and exclusively for providing you and like applicants with rideshare service.

FOLD

494 Commuter Services
Suite 322
5701 Normandale Road
Edina, MN 55424-2401

PLACE STAMP HERE
Post Office will not
deliver without postage



TAPE HERE

RETURN ADDRESS: