

INFORMATION FORM

County Vehicle Program

Complete and Return to the Rideshare Office at Mail Stop #1008. Thank you.

County Vehicle # _____ Zone # _____ Monthly Cost _____ PP Cost _____

Today's Date _____ Your Employee ID Number _____

Last Name _____ First Name _____

Work Address _____ City _____ Zip _____

Work Phone # _____ Work Hours _____ to _____

Department _____ Division _____ Mail Stop # _____

Supervisor's Name _____ Supervisor's Phone _____

Did you have to alter your work schedule to start riding in this vehicle? YES NO

Home Address _____ City _____ Zip _____

Home Phone _____ Drivers License Number / Class _____

IN CASE OF AN EMERGENCY NOTIFY:

Name _____ Relationship _____ Phone Number _____

Medical Information _____

Allergies _____

FOR OFFICE USE ONLY

CV Number _____ Site # _____ PR Deduction _____ Basic Database _____ CV Database _____

Gas Pump _____ DMV Report _____ \$2-A-Day _____ GRH Voucher _____ File _____