



Vanpool Subsidy Application

The Go Redmond Vanpool Incentive is available to a new vanpooler, who either lives or commutes to a Redmond (98052). This incentive is good for six months, up to \$50 per month, for a maximum value of \$300. Your incentive will be mailed to you, so you must provide a complete and accurate mailing address to receive it.

To be completed by vanpool participant:

In order to be processed, this form must be complete and legible. Please type or print.

Participant's Name: _____

Home Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

To be completed by vanpool driver or book keeper:

Driver/Book Keeper Name: _____

Daytime Phone: _____ Email: _____

Monthly Fare (per rider): _____ Vanpool # _____ Vanpool Agency: _____

I certify that this rider:

- Is an employee of a company in Redmond or lives within Redmond's city limits
- Is a registered member of this vanpool as of: _____

Program Rules:

- Participants must be gainfully employed and incentives must be used for commuting purposes (i.e. travel to and from work), and are not intended for trips taken to school, or other non-work related trips.
- The Go Redmond Vanpool Incentive card is not transferable and may only be used by the applicant.
- Only one Go Redmond Vanpool Incentive card per participant. This is a one time subsidy.
- Applications must be received within 30 days of joining a vanpool.
- Only new vanpoolers are eligible to receive an Go Redmond Vanpool Incentive card. New vanpoolers are those who have not participated in a public vanpool program in the past 90 days, or have joined within the past 30 days.
- Requests must be received by the 20th of the month in order to receive an incentive card for the following month.
- If the vanpooler ceases vanpooling prior to the card's expiration date, the incentive card must be returned to Go Redmond office at the above address.
- Fraudulent use of the card or program, determined at the sole discretion of the Go Redmond program, immediately suspends all payments and obligations of the Go Redmond program for the participant.

I agree to the Program Rules and certify the information provided is accurate:

Signature: _____

Date: _____

**Send completed form to:
Go Redmond c/o City of Redmond
PO Box 97010 MS: 4SCC
Redmond, WA 98073-9710**

**Or email completed form to:
Support@GoRedmond.com
Fax: 425.556.4242 Attn: Go Redmond
Questions? Call 425.556.2449**