# SAMPLE CARPOOL PARKING REGISTRATION FORM

***Have your organization’s attorney and Human Resources department review all policies.***

**Employee Carpooler Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Phone/Ext. #:  |  |

Will you be driving? If so, please supply the following information for your vehicle:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year:  |  | Make/Model:  |  | License Plate: |  |

**Carpool Partner(s) Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Phone/Ext. #:  |  |
| Employer:  |  |

Will this person be driving and using our carpool parking? If so, please give the following information for that vehicle:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year:  |  | Make/Model:  |  | License Plate: |  |

**Additional Carpool Partner(s) Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |  | Phone/Ext. #:  |  |
| Employer:  |  |

Will this person be driving and using our carpool parking? If so, please give the following information for that vehicle:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year:  |  | Make/Model:  |  | License Plate: |  |

**Important Instructions for Carpoolers:**

* You will be given a hang tag to identify the carpool vehicle. Please display it.
* Vehicles parked in designated carpool parking spaces without a carpool hang tag will be given a warning or may be towed at the vehicle owner’s expense.
* Employees who drive alone and request carpool parking are committing fraud and may be subject to disciplinary action

**To be completed by Transportation Coordinator:**

|  |  |  |  |
| --- | --- | --- | --- |
| Carpool placard/hang tag #:  |  | Exp. Date:  |  |

Learn more about carpooling, vanpooling and more at **ShareTheRide.com** or call Valley Metro at 602.262.7433 (7433).