

EMPLOYEE TRANSPORTATION PROGRAM EMPLOYER INFORMATION FORM

The information you provide on this form will be used to determine what type of Employee Transportation Program would be best for your worksite. For additional information or assistance completing this form, please contact Community Transit's Transportation Demand Management Specialists: Mark Melnyk (425) 348-2304 or Debbie Anderson (425) 348-7185.

INSTRUCTIONS: Please provide the requested information below. A Transportation Demand Management Specialist will be in contact with you soon.

INFORMATION REQUIRED	
NAME of highest ranking official, and their title, responsible for this worksite:	
ORGANIZATION NAME:	
BRANCH, if any:	
SITE ADDRESS (actual location): CITY, STATE, ZIP:	
MAILING ADDRESS: CITY, STATE, ZIP:	
PHONE:	
FAX:	
TOTAL NUMBER OF EMPLOYEES AT THIS SITE:	
NUMBER OF FULL-TIME EMPLOYEES WITH 6 A.M. - 9 A.M SCHEDULED START TIMES AT YOUR WORKSITE:	
WORKSITE CONTACT PERSON: NAME: TITLE: PHONE: FAX: EMAIL:	

Please email, mail or fax this form to:
Debbie Anderson, Transportation Demand Management Specialist
Community Transit
7100 Hardsen Road
Everett, WA 98203
Fax: (425) 438-6146

Email: debbie.anderson@commtrans.org

Thank you for your cooperation.