**COMMUTER SERVICES CARPOOL PARKING**

**Application & Renewal Form**

|  |  |  |
| --- | --- | --- |
| **Where do you want to park? Click here to enter desired parking location.** | **Carpooler #1/Carpool Manager** | **Carpooler #2** |
| Name | Click here to enter Name | Click here to enter Name |
| Residential Street Address | Click here to enter Address | Click here to enter Address |
| City, State, Zip | City, State, Zip | City, State, Zip |
| Email Address | Email | Email |
| Home Telephone Number | Phone | Phone |
| Employer Name | Employer | Employer |
| Building Name | Building name | Building name |
| Worksite Address | Worksite address | Worksite address |
| Work Telephone Number | Work phone | Work phone |
| Start Work Time/End Work Time | Start/end time | Start/end time |
| Are you dropped off? | No [ ] Yes[ ]  Location | No [ ] Yes[ ]  Location |
| Do you have a Transit Pass? | No [ ] Yes[ ]  | No [ ] Yes[ ]  |
| Carpool Vehicle License Number | License number | License number |
| Make and model of vehicle | Make/model | Make/model |

I hereby certify that the information provided by me on this form is true and acknowledge SMC 112A.16.040, which states that it is illegal to file or cause to be filed with the City any misstatements of material fact and SMC 12A.02.070, which states that such misstatements are gross misdemeanor punishable by maximum term in jail of 265 days and or a $5,000.00 fine**.** I authorize the City of Seattle to verify the following information provided by me. **By typing my name below, I certify that I have read the rules (found at http://www.seattle.gov/transportation/parking/carpool.htm) of the City of Seattle Carpool Program and agree to abide by them**.

**Click here to sign your name.**

**Click here to enter a date.**

**Carpooler #1Click here to sign your name.**

**Click here to enter a date.**

**Carpooler #2**

**Mailing instructions on reverse**

|  |  |  |
| --- | --- | --- |
|  | **Carpooler #3** | **Carpooler #4** |
| Name | Click here to enter Name | Click here to enter Name |
| Residential Street Address | Click here to enter Address | Click here to enter Address |
| City, State, Zip | City, State, Zip | City, State, Zip |
| Email Address | Email | Email |
| Home Telephone Number | Phone | Phone |
| Employer Name | Employer | Employer |
| Building Name | Building name | Building name |
| Worksite Address | Worksite address | Worksite address |
| Work Telephone Number | Work phone | Work phone |
| Start Work Time/End Work Time | Start/end time | Start/end time |
| Dropped off? | No [x] Yes[ ]  Location | No [x] Yes[ ]  Location |
| Do you have a Transit Pass? | No [ ] Yes[ ]  | No [ ] Yes[ ]  |
| Carpool Vehicle License Number. | License number | License number |
| Make and model of vehicle | Make/model | Make/model |

I hereby certify that the information provided by me on this form is true and acknowledge SMC 112A.16.040, which states that it is illegal to file or cause to be filed with the City any misstatements of material fact and SMC 12A.02.070, which states that such misstatements are gross misdemeanor punishable by maximum term in jail of 265 days and or a $5,000.00 fine. **I have read the rules and regulations of the City of Seattle Carpool Program and agree to abide by them. I authorize the City of Seattle to verify the following information provided by me.**

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**Click here to sign your name.**

**Click here to enter a date.**

**Carpooler #3**

**Click here to sign your name.**

**Click here to enter a date.**

**Carpooler #4**

Mail forms and payment (Check or Money Order) or email (if forms only) to:

Seattle Department of Transportation/Commuter Services

1010 8TH Ave S, Seattle, WA 98134

Phone: 206-386-4648

Fax: 206-386-1241

Email: SDOTCarpool@seattle.gov