

Ridematch Application Form

Save time and apply online at www.LITM.org. Please note that all information requested on this Ridematch Application must be provided.

First Name _____

Last Name _____

Home Address _____

Address Line 2 _____

Nearest Major Intersection _____

City, State _____ Zip _____

Home Phone _____

Email Address _____

Employer _____

Address _____

Address 2 _____

Nearest Major Intersection _____

City, State _____ Zip _____

Work Phone _____ Ext. _____

Work Start Time _____ (am/pm) _____

Work End Time _____ (am/pm) _____

My schedule is ____ is not ____ flexible.

If it is, by how many minutes? _____

What is your current method of commuting? *(Check all that apply.)*

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Drive alone | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Carpool | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Vanpool | <input type="checkbox"/> Bike |
| <input type="checkbox"/> Train | <input type="checkbox"/> Other |

How would you like to improve your commute? *(Check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> Form a new carpool | <input type="checkbox"/> Be a driver |
| <input type="checkbox"/> Add to my current carpool | <input type="checkbox"/> Be a passenger |
| <input type="checkbox"/> Share the driving | |

How would you like a potential carpooler to contact you?

- Call me at home. Call me at work.

Would you like to receive a free listing in GO, our bimonthly publication for commuters?

- Yes, please list my ad and home phone number.
 Yes, please list my ad and work phone number.
 No, please DO NOT publish my ad.

From time to time, we feature commuter success stories and carpool data in our publications, on our Web site, and on TV. Would you be interested in talking to us about your commuting experience?

- Yes, please contact me. The best way to reach me is:
Email _____
Phone _____
Best time to call _____ (am/pm)
 No, thank you.

Please return your Application today!

Please cut this Application Form out or, if you prefer, simply make a copy. Once completed, please send it to us via fax at (631) 777-7815 or by mail to:

Long Island Transportation Management (LITM), Inc.
510 Broad Hollow Road
Suite 206
Melville, New York 11747

If you have already applied and would like to update your application information directly, you can access your application online at www.LITM.org. All application information is password protected, so please have your user name and password available. You'll need this information to gain access to update your application information.