



Manager's Rideshare Tools Material Order Form

Name: _____
 Agency: _____
 Worksite Address: _____
 Pony Mail Address: _____
 Phone: _____ Fax: _____
 E-Mail Address: _____

The Commuter Assistance Program Brochure should be distributed to all new employees as a quick reference guide to the Rideshare Program	QTY
Commuter Assistance Program Brochure (One-Panel)	
Plastic Desktop Brochure Holders for CAP Brochure	
These forms are available on-line for printing however we can send you a larger quantity if needed.	
Guaranteed Ride Home Authorization Form	
CAP All-in-One Application	
Commuter Choice Voluntary Payroll Deduction Authorization	
Other Materials or Assistance	

If you would like a three-tier self-service commuter information display rack in your area, please provide the following information:

Number of County employees in the building: _____
 The address of proposed location: _____
 On-site Coordinator assigned that the Rideshare Office can work with to keep the materials current.
 Name: _____ Phone Number _____

For processing, please fax this form to (714) 779-7330