

Corporate Partner Information Form

EMPLOYER INFORMATION

Company Name: _____

Dept./Division/Section/Group: _____

Local Address: _____

City: _____ State: _____ ZIP: _____

Company Phone Number: _____ Fax: _____

Number of Employees (at above address): _____

CONTACT INFORMATION

First Name: _____ Last Name: _____

Title: _____ Department: _____

Phone Number: _____ Fax: _____

E-mail: _____

TRANSPORTATION PROGRAM DECISION MAKER

First Name: _____ Last Name: _____

Title: _____ Department: _____

METROLINK SURVEY INFORMATION

Number of current Metrolink riders: _____ Monthly: _____ Round Trip: _____ 7-Day Pass: _____

Closest Metrolink station to your work site: _____

Distance from Metrolink station to your work site: _____

Are you aware of connection shuttle(s) or transit service(s) to or from the closest Metrolink station to your work site?
Yes _____ No _____ Provider: _____ Route#: _____

Do you offer Metrolink subsidies to your employees? Yes _____ No _____

Amount of Metrolink subsidy: \$ _____

Do you offer a pre-tax employee benefit? Yes _____ No _____

Do you/will you provide a private shuttle to/from a Metrolink Station? Yes _____ No _____

REFERRAL

Who else do you recommend we connect with?

Name: _____ Title: _____

Company Name: _____

Phone Number: _____ E-mail: _____