

Buy One Get One Free 31-Day Pass for Solano Express 40, 40 Short & 90!



Am I eligible to apply?

You are eligible to participate if you:

- Live or work in Contra Costa County.
- Are 18 years of age or older.
- Would otherwise drive alone to/from work if Solano Express 40, 40 Short or 90 was not available.
- Agree to complete a post-program survey to determine the effectiveness of this promotion.

What are the promotion rules?

- One (1) free pass per person and per household during promotion period of **Oct 1, 2016 to June 30, 2017** while funding is available.
- Free pass will equal the purchased pass only.
- Pass must serve your home-to-work and/or work-to-home commute.
- Please be advised that we may require verification of the information you provide.
- Fairfield and Suisun Transit and 511 Contra Costa reserve the right to make any changes to the rules or to terminate this promotion at any time without prior notification.
- If you have participated in 511 Contra Costa Drive Less incentive in the past, you are not eligible for this BOGO offer.

Return with payment to:
Fairfield and Suisun Transit
2000 Cadenasso Drive
Fairfield, CA 94533
Questions? 707.434.3800

All stated limitations apply. Completion of this application does not guarantee delivery/receipt of a free pass. Applicants must meet all qualifications listed above and be approved by 511 Contra Costa.

*Proof of eligibility must be submitted for SDM Pass purchase. See www.fasttransit.org for details.

All information is required to apply for a free pass. Payment for first pass will be processed upon receipt.

1. How many days a week do you work?

- 1 day 2 days 3 days 4 days 5 days 6 days 7 days

2. How many days a week do you plan to take Solano Express 40, 40 Short or 90 for work?

- 1 day 2 days 3 days 4 days 5 days

3. How do you plan to get to the bus stop?

- Drive myself Carpool Walk
 Get dropped off Bike Other (Specify): _____

4. Contact Information

First and Last Name _____

Daytime Phone _____

Email _____

Home Address (P.O. Boxes not accepted) _____

Home City _____

Home Zip _____

Mailing Address (if different than above) _____

Mailing City _____

Mailing Zip _____

5. Employer Information

Name _____

Work Address (P.O. Boxes not accepted) _____

City _____

Zip _____

6. Acknowledgment

I read the eligibility and promotion rules listed and I verify the information submitted is correct. I agree to complete a brief questionnaire from 511 Contra Costa following my participation in this promotion.

Signature _____

Date _____

7. Payment Method

Check payable to **City of Fairfield** • Commuter Benefit Check • *Visa/Mastercard (in person only)*

Amount Enclosed: 31-Day Pass..... **40 \$130.00** **90 \$130.00** **40S \$70.00**
SDM Pass*..... **40 \$65.00** **90 \$65.00** **40S \$35.00**

