

## **Get Your Free Pass**

Print and complete this form. Return it with payment to the FAST/Solano Express customer service office or mail to:

FAST/Solano Express 2000 Cadenasso Drive Fairfield, CA 94533

You'll receive your paid pass and FAST/Solano Transit will forward this application to 511 Contra Costa with a copy of your receipt. Once your eligibility has been confirmed, the free pass will be sent to you.

## You are eligible if you:

- Live or work in Contra Costa County,
- Are 18 years of age or older, and
- Would other wise drive alone to/from work if FAST/ SolanoExpress was not available

## **BOGO Rules**

- One (1) free pass per person and per household from July 1 through June 30 each incentive year while funding is available.
- FAST/SolanoExpress must serve your home-to-work and/or work-to-home commute.
- We may require verification of the information you provide.
- FAST/SolanoExpress and 511 Contra Costa reserve the right to make any changes or terminate this
- promotion at any time without prior notification.
- If you have already participated in a 511 Contra Costa transit incentive program during the same July 1 to June 30 incentive year you are not eligible for this BOGO offer.
- You agree to be signed up to receive the 511 Contra Costa email newsletter and agree to complete a post-program survey.

**Questions? Call 707-434-3800** 

All information is required to apply for a <u>free</u> pass. Pa	yment for the <u>first</u> pass will be p	processed upon receipt.
low many days a week do you plan to take the bus fo	r work?	
What bus route do you plan to take?		
low do you plan to get to the bus stop?		
☐ Drive myself ☐ Carpool ☐ Walk	☐ Get dropped off	
☐ Bike ☐ Other (Specify):		
When you don't use transit to get to work, what mode	e of transportation do you use	e most often?
☐ Drive myself ☐ Walk ☐ Get ride from	n coworker or family	
☐ Bike ☐ Ride sourcing service (ie. Uber, Lyft	, Scoop, Carzac, Waze)	
Other:		
Contact Information:		
First and Last Name		
Daytime Phone	Work Email	
ay time i none	Work Email	
Home Address (P.O. Boxes not accepted)	City	Zip
Mailing Address (if different than above)	City	Zip
Employer Information:		
Employer Name		
Nork Site Address (P.O. Boxes not accepted)	City	Zip
Acknowledgment: read the eligibility and promotion rules listed and I verify the program survey from 511 Contra Costa following my participa		. I agree to complete a post
Signature	Date	
<b>Payment:</b> Check payable to <b>City of Fairfield</b> <u>or</u> Commuter Benefi	t Check <u>or</u> Credit Card (Visa/M	astercard)
Credit Card Number: Exp.	Date: Security Code: _	FAST
Pass Amount: 31-Day Pass: ☐ GreenExpress \$130.00 SDM* 31-Day Pass: ☐ GreenExpress \$6	-	7.00 Solane xpress
Proof of eligibility must be submitted for SDM Pass purchase. See www.fasttra	ansit.org for details.	BAY AR

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

All stated limitations apply. Completion of this application does not guarantee delivery/receipt of a free pass.

Applicants must meet all qualifications listed and be approved by 511 Contra Costa.



