



Get Your Free Pass

Print and complete this form. Return it with payment to the SolTrans customer service office or mail to:

Solano County Transit (SolTrans)
311 Sacramento Street
Vallejo, CA 94590

You'll receive your paid pass and SolTrans 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 SolTrans 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.
- SolTrans must serve your home-to-work and/or work-to-home commute.
- We may require verification of the information you provide.
- SolTrans 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 707-648-4666

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

How many days a week do you plan to take the bus for work? _____

What bus route do you plan to take? _____

How 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 of transportation do you use most often?

- ☐ Drive myself ☐ Walk ☐ Get ride from coworker or family
- ☐ Bike ☐ Ride sourcing service (ie. Uber, Lyft, Scoop, Carzac, Waze)
- ☐ Other: _____

Contact Information:

First and Last Name _____

Daytime Phone _____ Work Email _____

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

Mailing Address (if different than above) _____ City _____ Zip _____

Employer Information:

Employer Name _____

Work Site Address (P.O. Boxes not accepted) _____ City _____ Zip _____

Acknowledgment:

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

Signature _____ Date _____

Payment:

Check payable to **Solano County Transit** or Commuter Benefit Check or Credit Card (Visa/Mastercard)

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Pass Amount: ☐ \$114 31-Day Monthly Pass



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.