Vanpool Route and Roster Description

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			Date:						
Company Name:			Point o	f Co	ntact:				
Address:									
			Email:						
Bookkeeper:									
Address:									
Number:	Email:								
Route Description									
Route Start Date:									
Origin Address:			Destina	ation	Address:				
-									
Departure Time from Origin:							ition:		
Arrival Time at Destination:	Arrival Time at Origin:								
Additional Stops:									
1. Address:			Pick-up		Drop-off				
2. Address:			Pick-up		Drop-off				
3. Address:			Pick-up		Drop-off				
					•				
Route Operating Days (check all that apply):	S	Μ	Т	W	TH	F	SA		
Daily Round Trip Miles: Total I	Monthly	Mile	s:	_		5/4/9	9 Schedule		
Van Size Preference									
Minivan	Full Siz	ze Va	n	Nu	mber of Sea	ats			
	i un on								
Participants									
1:	Rider		Driver		Existin	ig Vanp	ool #		
2:	Rider		Driver				ool #		
3:	Rider		Driver	Existing Vanpool #					
4:	Rider		Driver	_			ool #		
5:	Rider		Driver	Existing Van			ool #		
6:	Rider		Driver	Existing Vanpool			ool #		
7:	Rider		Driver		Existin	ig Vanp	ool #		
Have additional	participa	ants?	List by nam	e on	a separate	form.			
Authorized Signature									
Printed Name:	Signature:						Date:		
	_ 、	-							

Notes: Lease payments are based on UTA's current fare schedule. As set forth in the Vanpool Vehicle Lease Agreement, UTA has the right to increase and/or decrease the amount of the monthly payment on a quarterly basis to reflect changes in UTA's actual operating costs. UTA shall provide thirty day's written notice prior to changing its current fare schedule.

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