



RideVan Plus Route and Roster Description

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Date: _____

Company Name: _____

Address: _____

Point of Contact: _____

Number: _____

Email: _____

Bookkeeper: _____

Address: _____

Number: _____ Email: _____

Route Description

Route Start Date: _____

Origin Address: _____

Destination Address: _____

Departure Time from Origin: _____

Departure Time from Destination: _____

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 M T W TH F SA

Daily Round Trip Miles: _____

Total Monthly Miles: _____

5/4/9 Schedule

Van Size Preference

Minivan

Full Size Van

Number of Seats: _____

Participants

1: _____

Rider

Driver

Existing Vanpool # _____

2: _____

Rider

Driver

Existing Vanpool # _____

3: _____

Rider

Driver

Existing Vanpool # _____

4: _____

Rider

Driver

Existing Vanpool # _____

5: _____

Rider

Driver

Existing Vanpool # _____

6: _____

Rider

Driver

Existing Vanpool # _____

7: _____

Rider

Driver

Existing Vanpool # _____

Have additional participants? List by name 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.