



## Day Lots 4 and 5 Carpool Pilot Program Registration Form

**1. Carpool Contact Person/Vehicle** \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Vehicle Registration Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Licence Plate: \_\_\_\_\_

**2. Carpool Contact Person/Vehicle** \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Vehicle Registration Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Licence Plate: \_\_\_\_\_

**3. Carpool Contact Person/Vehicle** \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Vehicle Registration Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Licence Plate: \_\_\_\_\_

**4. Carpool Contact Person/Vehicle** \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Vehicle Registration Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Licence Plate: \_\_\_\_\_

**RMOW OFFICE USE ONLY:**

**DATE** \_\_\_\_\_

**PROOF OF RESIDENCE**

**and/or PROOF OF EMPLOYMENT**

**STAFF INITIALS:** \_\_\_\_\_

