

RETURN THIS FORM ONLY WHEN USING THE SERVICE

North ShoreTMA
Guaranteed Ride Home Program

CONFIRMATION REPORT

We hope that the Guaranteed Ride Home Program has assisted you with your unexpected travel needs. Completion of this follow-up report ensures that your ride will be completely paid for by your company

Name: _____

Employer Name and Address: _____

Work Phone: _____ Date Service Used: _____

I commute to work at least two days per week by:

___ Carpool. Please identify a fellow carpooler by name and phone: _____

___ Vanpool. Please identify a fellow vanpooler by name and phone: _____

___ Public Transportation. Please identify your train/bus route: _____

___ Bike/Walk.

Identify Service Used: ___ Rental Car ___ Taxi

How long did you wait to be picked-up? _____

Please briefly explain the reason for the ride:

How important is the Guaranteed Ride Home Program to your participation in ridesharing?

___ Very Important ___ Somewhat important ___ Not important

How has the experience compared with your expectations?

___ Exceeded ___ Satisfied ___ Fallen short

Additional Comments/Suggestions:

Please sign below and mail back within 10 days.

Employee Signature

Date

Managers Signature

Date

**Please FAX this form to: NORTH SHORE TMA (978) 740-0404 and mail original to:
NORTH SHORE TMA, 120 WASHINGTON STREET – 3rd FLOOR, SALEM, MA 01970**