Vanpool Route Information Sheet

Van Number _____ Vanpool Number _____ Work Start Time _____

Driver Name _____ Work End Time _____

Driver's E-mail Address _____

Company Name _____

Company Address _____

Origin County _____ Company County _____

Location/address where van is parked overnight: _____

_____

Miles from driver's home to first pick-up point (Deadhead Miles one way): _____
(*If deadhead miles exceeds 10 miles one way, mileage in excess of 10 miles one way will be added to the riders' daily round trip miles to determine monthly fares.)*

Proposed vanpool route *please be as specific as possible* by using turn by turn directional headings (North, South, etc.) and noting each street (specify road, street, avenue, etc.) taken from home to work. Include a copy of Google directions and map showing all pick-up and drop off locations if possible.:

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Heavy congestion, road repairs, or weather conditions may require occasional deviations from the above route. Submit a new route information sheet to the Vanpool Office if the route deviations occur for an extended period of time or your route changes.

Please note the street address and city (use nearest major intersection if exact address unknown) of the pick-up locations:

1st Pick-up Location	2nd Pick-up Location	3rd Pick-up Location
Street Address: _____ _____ City: _____ _____	Street Address: _____ _____ City: _____ _____	Street Address: _____ _____ City: _____ _____
Pick up time: Drop off time:	Pick up time: Drop off time:	Pick up time: Drop off time:
Round Trip Mileage:	Round Trip Mileage:	Round Trip Mileage:
Riders:	Riders:	Riders:

The information is also used to match potential new riders to your vanpool, determine your daily allowable round trip miles, and to establish the fare schedule for your existing van riders.

FOR PACE VANPOOL OFFICE USE ONLY

APPROVED ☐ NOT APPROVED ☐

Vanpool Services Representative **Date**

Please FAX to (847) 228-2309 or mail to:
Pace Vanpool Office, 550 W. Algonquin Road, Arlington Heights, IL 60005-4412