

Traditional and Feeder Vanpool Route Information Sheet

Let Pace know how your vanpool will operate so we can determine the allowable miles, fares, insurance coverage, driver training, discounts, and more.

PARTICIPANT DETAILS

VANPOOL DEPARTMENT USE ONLY	
Approval Date:	_____
Vanpool Number:	_____
Van Request Number:	_____
Vanpool Representative:	_____

Primary Driver Work hours: _____

Name: _____

Email: _____

Phone: _____

Employer: _____

Employer Address: _____

City: _____ Zip code: _____

Please list all the riders and which ones will be backup drivers. Pace recommends that each group have at least one backup driver. More are welcome. All backup drivers receive a monthly fare discount based on level of involvement.

Riders

[illegible]

STARTING POINT

Where the van is parked before/after work: _____

Street Address: _____ City: _____

Miles from where the van is parked to the first stop (deadhead miles): _____

Fixed Daily Allowable Round Trip Miles (not counting the deadhead miles): _____

VANPOOL STOPS

Please provide vanpool stops, times, miles, and who gets picked up at each stop. Please list all stops in both directions (heading to work and heading home). Please name your stops using the nearest intersection for residential locations and business or organization names for work destinations.

Stop Location		Stop Time		Name of Participants at each stop
		Pick-up to Work	Drop-off to Home	
Address:				
City:				
Address:				
City:				
Address:				
City:				
Address:				
City:				
Address:				
City:				
Address:				
City:				

VANPOOL PROPOSED ROUTE

Please provide a narrative of how the vanpool travels from home to work and the return trip. Include all the turn-by-turn directions, headings (North, South, East, etc.), street names, and parking lot locations. Add a Google map and directions showing all the vanpool stops.

Heavy congestion, road construction, weather conditions, employment or participant changes impact the vanpool routing. As changes occur, please submit an updated description by emailing your representative or mailing the form to: Pace Vanpool Department 550 W. Algonquin Rd, Arlington Heights, IL 60005-4412