

Ridematch Application

LITM

Long Island Transportation Management, Inc.

It's easy to start commuting with others, even if it's just one day a week! Just complete the form below.

Submission of this application qualifies you for two free services:

1. Placement in the LITM Ride Match Database - The information you provide below will be entered into a database and sent to other individuals, like yourself, looking to form a carpool or vanpool in your area. LITM is a non-profit organization and does not use any information for external marketing purposes.
2. A classified listing in our free publication GO.

Would you like a free listing in GO? Yes No

Your home address will not appear in GO.

May we publish your work number? Yes No

May we publish your home number? Yes No

~ You Must Complete All Fields With An Asterisk (*) ~

This is a: <input type="checkbox"/> New Listing <input type="checkbox"/> Correction <input type="checkbox"/> Deletion	* E-mail Address: <input type="text"/>
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___ Mr. ___ Mrs. ___ Ms.

* First Name: * MI: * Last Name:

* Street Address:

* City: * State: * Zip Code:

County (Circle One): Suffolk Nassau Queens Bronx New York Richmond Westchester

* Home Phone (with Area Code):

Can we print your home phone number? Yes No

* Nearest Major Intersection: &

* Work Phone (with Area Code):

Can we print your work phone number? Yes No

Fax (with Area Code):

Mailing address if different from above:

Street Address:

City: State: Zip Code:

* Employer: Brookhaven National Lab

* Work Address (Bldg):

* City: **Upton** * State: **NY** * Zip Code: **11973**

County: Suffolk County, NY

* Nearest Major Intersection: &

* Work Phone (with Area Code):

Can we print your work phone number? Yes No

* Work Start Time: AM PM * Work End Time: AM PM

Can you adjust your arrival/departure time? Yes No By how much? minutes

Current Travel Mode (circle one): Carpool Driver Carpool Rider Drive Alone
Vanpool Driver Vanpool Rider Alternate Vanpool Driver
Use Bike

Pool Interest (circle one): No Preference Carpool Driver Carpool Rider
Vanpool Driver Vanpool Rider Carpool Only
Vanpool Only Emergency Only No Interest

Smoker (circle one): Nonsmoker Smoker

Carpooler Preference (circle one): No Preference Female Male

Language (circle one): No Preference English Spanish French

Automobile Available: Yes No

*How did you hear about us? Company Newsletter Friend Highway Signs

Newspaper Ad Radio Television Transportation Day
 Employee Transportation Coordinator Company Bulletin Commuters' Register
 Flyers/Posters Company Orientation Commuter Link Telephone Book
 Not Given

If **Not Given** please specify:

Notes: (Special requirements of carpool partner, etc.)

*We are often contacted by the media. Would you like to share your carpooling experience or provide LITM with a testimonial? YES NO