

31-Day Monthly Pass on SolTrans Yellow & Red Lines

BOGO

buy one get one
transit passes



Get Your Free Pass

Print and complete this form. Return it with payment to the SolTrans customer service office or mail to:

Solano County Transit (SolTrans)
311 Sacramento Street
Vallejo, CA 94590

You'll receive your paid pass and SolTrans will forward this application to 511 Contra Costa with a copy of your receipt. Once your eligibility has been confirmed, the free pass will be sent to you.

You are eligible if you:

- Live or work in Contra Costa County,
- Are 18 years of age or older, and
- Would other wise drive alone to/from work if SolTrans was not available

BOGO Rules

- One (1) free pass per person and per household from July 1 through June 30 each incentive year while funding is available.
- SolTrans must serve your home-to-work and/or work-to-home commute.
- We may require verification of the information you provide.
- SolTrans and 511 Contra Costa reserve the right to make any changes or terminate this promotion at any time without prior notification.
- If you have already participated in a 511 Contra Costa transit incentive program during the same July 1 to June 30 incentive year you are not eligible for this BOGO offer.
- You agree to be signed up to receive the 511 Contra Costa email newsletter and agree to complete a post-program survey.

Questions? Call 707-648-4666

All information is required to apply for a free pass. Payment for the first pass will be processed upon receipt.

How many days a week do you plan to take the bus for work? _____

What bus route do you plan to take? _____

How do you plan to get to the bus stop? _____

- Drive myself Carpool Walk Get dropped off
 Bike Other (Specify): _____

When you don't use transit to get to work, what mode of transportation do you use most often?

- Drive myself Walk Get ride from coworker or family
 Bike Ride sourcing service (ie. Uber, Lyft, Scoop, Carzac, Waze)
 Other: _____

Contact Information:

First and Last Name _____

Daytime Phone _____ Work Email _____

Home Address (P.O. Boxes not accepted) _____ City _____ Zip _____

Mailing Address (if different than above) _____ City _____ Zip _____

Employer Information:

Employer Name _____

Work Site Address (P.O. Boxes not accepted) _____ City _____ Zip _____

Acknowledgment:

I read the eligibility and promotion rules listed and I verify the information submitted is correct. I agree to complete a post program survey from 511 Contra Costa following my participation in this promotion.

Signature _____ Date _____

Payment:

Check payable to **Solano County Transit** or Commuter Benefit Check or Credit Card (Visa/Mastercard)

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Pass Amount: \$114 31-Day Monthly Pass



All stated limitations apply. Completion of this application does not guarantee delivery/receipt of a free pass. Applicants must meet all qualifications listed and be approved by 511 Contra Costa.

