

Vanpool Roster and Route Description

COMPLETE ALL FIELDS - Revised 01/24/2018 Page 1/1

Company Name:	Point of Contact:
Address:	
Address:	
E-mail:	
Section A. Route Description	
Route Start Date:	
Origin Address:	
Departure Time from Origin:	
Destination Address:	
Departure Time from Destination:	
Additional Stops	
1. Address:	□ Pickup □ Drop Off
2. Address:	□ Pickup □ Drop Off
3. Address:	□ Pickup □ Drop Off
4. Address:	Pickup
5. Address:	
Route Operating Days (check all that apply):	OS OM OT OW OTH OF OSA
Daily Round Trip Miles:	Total Monthly Miles:
Number of Holidays (van not in operation):	
Section B. Participants	
Participant 1:	
Participant 2:	
Participant 3:	
Participant 4:	
Participant 5:	Rider Driver
Participant 6:	Rider Driver
Participant 7:	□ Rider □ Driver
Participant 8:	☐ Rider ☐ Driver
Participant 9:	□ Rider □ Driver
Participant 10:	
Participant 11:	□ Rider □ Driver
Participant 12:	
Participant 13:	
Participant 14:	
Participant 15:	□ Rider □ Driver
,	
Administrative Use Only	
UTA Vehicle Number:	
License Plate Number:V Code:	
Monthly Lease Payment:	
	fare schedule. As set forth in the Vanpool Vehicle Lease Agreement, UTA has the right to ly payment on a quarterly basis to reflect changes in UTA's actual operating costs. UTA

shall provide thirty days' written notice prior to changing its current fare schedule.