



Vanpool Cancellation/Moving to Another Vanpool Form

Use this form to cancel your vanpool membership and/or move to another vanpool. If you are only cancelling your vanpool membership, complete the top part of this form. If you are moving from one vanpool to another vanpool, complete the top and bottom portions of the form. This must be done at least 15 days prior to cancelling your vanpool membership or switching to another vanpool.

Once you've completed the necessary part/s, save it as a PDF, attach it to an email and email it to info@EveryCommuteCounts.org, or fax it to 502-266-6032, or print it out & put in the mail: Every Commute Counts, 11520 Commonwealth Drive, Louisville, Kentucky, 40299. Thank you.

Name: _____ Member ID: _____
FIRST LAST

Vanpool Name: _____

Vanpool Point of Contact Name: _____
FIRST LAST

My last day of membership will be: _____

Reason for cancelling membership: _____

Do wish to remain in the Every Commute Counts Database for commute logging and ridematching? YES NO

Per the Membership Agreement, ***you are required to inform Every Commute Counts staff and your Vanpool Point of Contact no less than 15 days prior to your last day that you will be leaving the vanpool.*** This provides the vanpool time to recruit a passenger to fill your seat. Every Commute Counts will bill you for 15 days from the date this notice was submitted to Every Commute Counts unless your last day is more than 15 days from today's date, for which you would be billed through your last day of membership.

I, _____, for this Vanpool Cancellation Notice, warrant the truthfulness of the information provided herein.

SIGNATURE (If submitting electronically, type your full name on the line above. If faxing or mailing, sign in ink.) Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms as described herein.

*IF SWITCHING TO ANOTHER VANPOOL, PLEASE COMPLETE THIS SECTION

Name of the Vanpool You're Moving to: _____

Vanpool Point of Contact (POC): _____

Two Trial Days: _____ and _____

State Date with New Vanpool: _____

Reason for moving to the new vanpool: _____

www.EveryCommuteCounts.org



A KIPDA Program
11520 Commonwealth Drive
Louisville KY 40299
502-267-5400
Fax 502.266-6032
Toll Free 866.822-POOL

FOR OFFICE USE ONLY
Date Received: _____ Date added to Record: _____
Date Removed from Roster: _____ Date Added to New Vanpool (if Applicable): _____
Requires a route change check with POC? YES NO