



**ERH Application**

Please fax to (517) 394-3733 or For More Information call Clean Commute Options at 517-393-RIDE. You must be registered with the Clean Commute Options Program before you are eligible for ERH service.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No \_\_\_\_\_

City: \_\_\_\_\_ State: MI

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Company/School: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Work/School Hours: Begin Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Estimated One Way Mileage from your Home to Destination: \_\_\_\_\_

Check One:

I participate in a carpool at least 3 times a Week

I participate in a vanpool at least 3 times a week. Vanpool #: \_\_\_\_\_

I ride the bus at least 3 times a week. I normally ride CATA Route(s) \_\_\_\_\_  
 EATRAN  Clinton Transit

How did you find out about the Emergency Ride Home Program?

Brochure

Website

CATA Contact

Other: \_\_\_\_\_

