

Emergency Ride Home Reimbursement Form

You must be registered at CommuterConnectMi.com to be eligible for the Emergency Ride Home program.

Name: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Place of employment: _____

Date Ride Home was utilized (M/D/Y): _____

I participate in:

Vanpool Vanpool #: _____

Carpool Canton Express Chelsea Express Ypsi Express

One Way Mileage: _____ Taxi Company Used: _____

The original taxi receipt with the number of one-way miles and date of service MUST be included with this form.

Participant's Signature: _____ Date: _____

Please mail this form with the original taxi receipt within two (2) weeks to:

Ann Arbor Area Transportation Authority
2700 S. Industrial Hwy.
Ann Arbor, MI 48104
Attn: Emergency Ride Home

Questions? Please call 734-794-1760