

BUFFALO CIVIC AUTO RAMPS CARPOOL PROGRAM APPLICATION

Current BCAR Monthly Customer Information (all fields required):

Note: You must be enrolled as a BCAR monthly parker.

Monthly parker application forms can be obtained at the BCAR office or bcarparking.com.

PRIMARY ACCOUNT HOLDER:

Last Name: _____ First Name: _____

Current Ramp Location: _____ AVI Tag Number: _____

Home Address: _____ City / Town: _____

ZIP Code: _____ Email Address: _____

Current Employer / Address: _____

Vehicle Make / Model / Color: _____

Vehicle License Plate #: _____ Cell Phone #: _____



BCAR Carpool Partner 1 Information - If Known / Determined:

Last Name: _____ First Name: _____

Home Address: _____ City / Town: _____

ZIP Code: _____ Email Address: _____

Current Employer / Address: _____

Vehicle Make / Model / Color: _____

Vehicle License Plate #: _____ Cell Phone #: _____

BCAR Carpool Partner 2 Information - If Known / Determined:

Last Name: _____ First Name: _____

Home Address: _____ City / Town: _____

ZIP Code: _____ Email Address: _____

Current Employer / Address: _____

Vehicle Make / Model / Color: _____

Vehicle License Plate #: _____ Cell Phone #: _____

BCAR Carpool Partner 3 Information - If Known / Determined:

Last Name: _____ First Name: _____

Home Address: _____ City / Town: _____

ZIP Code: _____ Email Address: _____

Current Employer / Address: _____

Vehicle Make / Model / Color: _____

Vehicle License Plate #: _____ Cell Phone #: _____

Please check this box if you need BCAR to assist you in finding Carpool partner(s):

Please check this box if you are applying on behalf of a vanpool (7-15 passengers) and need to provide additional partner information: