

THE EMERGENCY RIDE HOME (ERH) PROGRAM

Application Form

Full Name: _____ MUC Employee/Student #: _____

Home Address: _____

City: _____ Postal Code: _____

Home Ph #: _____ Work Ph #: _____

Email: _____

Date of Ride: _____ Time of Ride: _____

Cost of Ride (excluding tip): _____

Reason for Using the ERH Program: _____

Completed Application form must be returned to the Parking/Security office the next business day.