

Perk Pass Enrollment Form

**Employee Information**

Company:

Supervisor Name: Supervisor Email:

Employee Name: Employee Email:

Business Address:

City:

State:

Zip:

Business Phone: Employee Phone:

**30-Day Perk Pass Only *$29.75***

Initial

I understand I am responsible for payment in the amount of $29.75 at the beginning of each month for participation in the Perk Pass program. The CAT 30-Day pass is not subject to refund and/or transfer. Perk Pass excludes express routes.

Please enroll me into the Perk Pass program. 30-Day Perk Pass will be void at termination of employment.

Employee Signature Date

Supervisor Signature Date

Submit Completed Form to Collier Area Transit

8300 Radio Rd, Naples FL 34104 [rideCAT@CollierCountyFL.gov](mailto:rideCAT@CollierCountyFL.gov) For questions call 239-252-7777