

Perk Pass

Employer Enrollment Form

**Employer Information**

Company: # of Employees: Contact Name: Contact Position: Contact Email: Business Address:

City:

State:

Zip:

Business Phone: Contact Phone:

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

Initial

I certify that the number of employees is correct to my knowledge and that the business qualifies under the terms of the Perk Pass program. I understand each employee enrolled is 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 this business into the Perk Pass program. 30-Day Perk Passes will be void at

termination of employment.

Employer Contact 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