

PRESIDIO OF MONTEREY
MASS TRANSIT BENEFIT PROGRAM (ARMY)
TRANSPORTATION INCENTIVE PROGRAM (NAVY/USMC/AIR FORCE)
COVER PAGE

1. NAME (LAST, FIRST): _____
2. My resident is located: (CHECK ONLY ONE)

- | | |
|---|---|
| <input type="checkbox"/> San Jose, Morgan Hill, Gilroy | <input type="checkbox"/> Pacific Grove |
| <input type="checkbox"/> Santa Cruz/Aptos | <input type="checkbox"/> Carmel, Pebble Beach |
| <input type="checkbox"/> Prunedale | <input type="checkbox"/> Carmel Valley |
| <input type="checkbox"/> Salinas | <input type="checkbox"/> Del Rey Oaks |
|
 | |
| <input type="checkbox"/> NEW MONTEREY (Pacific Grove Side of POM) | |
| <input type="checkbox"/> MONTEREY (Northeast/North Side of POM) | |
| <input type="checkbox"/> SOUTH COUNTY (Gonzales, Chualar, Soledad, Greenfield, King City) | |

IF YOU LIVE IN OMC HOUSING, CHECK BOTH THE CITY AND PARK:

- MARINA SEASIDE

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Schooner Park | <input type="checkbox"/> Marshall Park | <input type="checkbox"/> Doe Park |
| <input type="checkbox"/> Fredrick Park | <input type="checkbox"/> Hayes Park | <input type="checkbox"/> Fitch Park |
| <input type="checkbox"/> Preston Park | <input type="checkbox"/> Stilwell Park | |

Others: _____ (Cities Not Listed)

Full address

Street : _____ Apt/Unit: _____

City: _____ Zip Code: _____

I plan to ride the bus to POM, OMC or one of the POM's satellite locations:

5 days a week 4 days a week 3 days a week 2 days a week

I understand that I am asking the U.S. Government to pay for my commute to and from work using the mass transit. If I do not sign for my bus passes for three consecutive months, I understand that I will be automatically dropped from the Mass Transit Benefit or Transportation Incentive Program.

Signature _____ Date _____

11/22/2010