

GUARANTEED RIDE HOME



What if you need to leave during the day in the event of an emergency or you have to work late? The Merrimack Valley TMA offers a **Guaranteed Ride Home (GRH)** for those who carpool, vanpool, take public transit, or who bike or walk to work.

Am I eligible for GRH?

Member-company employees/tenants who use public transportation, carpool, vanpool, bike, or walk to work at least two days per week may use the program. Employees must register in advance.

How do I register for GRH?

You can register for GRH online at www.MerrimackValleyTMA.com or fill out the registration form on the reverse of this card.

How does GRH Program work?

You must receive a sign-off from your supervisor. Then contact the appropriate GRH provider (taxi for less than 10 miles, rental car for further than 10 miles.) All fees related to the GRH program are paid by the TMA!

How often can I use GRH?

Member employees/tenants who have pre-registered can use the GRH program up to 4 times per year.



The Merrimack Valley TMA is funded with support from its members, MassDOT, and the Federal Highway Administration.

Find us on  and on  @MerrimackVlyTMA

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GUARANTEED RIDE HOME

REGISTRATION FORM

Please complete the following form to create your Guaranteed Ride Home profile. Once you have registered you will be contacted by the program administrator to verify your profile and issue the necessary vouchers. If you need to modify or delete your Guaranteed Ride Home profile, contact the Merrimack Valley TMA at commute@merrimackvalleytma.com.

Work Information

Name: _____
Worksite Name/Address: _____
City: _____
State: _____ Zip: _____
Work Phone: _____
*Email: _____
Supervisor Name: _____
Supervisor Phone: _____
Department or Mail Drop: _____

Commute Information

Days Required: M T W Th F Sa Su
Round Trip Commute Miles: _____

Circle current form of transportation:

Drive Alone Bus Carpool
Commuter Rail Ferry Vanpool

Transit Provider/Route # _____

Please list the name(s) of your carpool partners and additional requested information

Person #1 _____

Person #2 _____

Person #3 _____

I, the undersigned, request to participate in the Merrimack Valley TMA GRH Program. I agree to read and abide by the policies and procedures of the program.

Signature _____ Date _____

Please return form to the Merrimack Valley TMA
By Mail: 28 Brook Road Marblehead, MA 01945
By Fax: 781-639-6263
By E-Mail: commute@merrimackvalleytma.com

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Work Information

Name: _____
Worksite Name/Address: _____
City: _____
State: _____ Zip: _____
Work Phone: _____
*Email: _____
Supervisor Name: _____
Supervisor Phone: _____
Department or Mail Drop: _____

Commute Information

Days Required: M T W Th F Sa Su
Round Trip Commute Miles: _____

Circle current form of transportation:

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