



Employer Services

Commuter Survey Processing Request/Cover Form

ALL INFORMATION ON THIS FORM MUST BE COMPLETED. SEE BACK FOR INSTRUCTIONS

Jurisdiction: _____

Name of Employer Services Rep.: _____

Address: _____

Telephone #: _____ Fax #: _____

Name of Company to be surveyed: _____

Company Address: _____

Employer Survey Coordinator: _____

Telephone #: _____

Number of Employees: _____

Survey Date: _____ Expected Delivery Date to COG: _____

Survey #s Delivered to Employer: _____ (e.g., 72522 - 73077)

Requested Data Format: _____ (e.g., Excel, Lotus 1-2-3, etc.)

FOR COG USE ONLY DO NOT WRITE IN THIS SPACE

Request Received: _____

Approved

Not Approved Reason: _____

Request Returned: _____

COG Rep.: _____

**INSTRUCTIONS FOR
THE COMMUTER SURVEY PROCESSING REQUEST/COVER FORM**

Step #1

Complete jurisdictional and employer information in its entirety.

Step #2

Fax form to COG at 202-962-3218. **COG should receive forms a minimum of three full business days prior to implementing surveys.**

Step #3

COG will "Approve" or "Not Approve" survey request and return this form to you.

Step #4 (if "Not Approved")

If you have any questions, call COG representative.

Step #4 (if "Approved")

Retrieve completed surveys from employer.

Step #5

Bundle all completed surveys, attach this form on top of bundle and send to COG at the address below. COG requires a 20 completed survey threshold for processing.

Send surveys to:

Mark Hersey
MWCOG
777 N. Capitol St., NE, #300
Washington, DC 20002
(202) 962-3383
mhersey@mwkog.org