

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 #: _____ Email: _____

Name of Company to be surveyed: _____

Company Address: _____

Employer Survey Coordinator: _____

Telephone #: _____

Number of Employees: _____

Survey Date: _____ Expected
Delivery Date to COG: _____

Requested Data Format: _____ (excel, PPT, PDF etc.)

FOR COG USE ONLY DO NOT WRITE IN THIS SPACE

Request Received: _____

Approved

Not Approved Reason: _____

Request Returned: _____

COG Rep.: _____

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

Step #1

Complete jurisdictional and employer information in its entirety.

Step #2

Email form to COG at mhersey@mwkog.org. **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