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|  | South Ferry135 South Ferry RoadShelter Island, NY 11964(631) 749-1200info@southfery.comwww.southferry.com |

# Commuter Pass Application

Dear South Ferry Commuter, please fill out this form and return it to our office along with a copy of your pay stub showing current employment at a business located within Suffolk County. You will need to complete this application to receive a South Ferry commuter card that will allow you to purchase a commuter pass on our vessels going forward. **As of May 3, 2021, commuter passes will not be sold to anyone without a South Ferry issued commuter card**.

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address / PO Box | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Name of Business: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address / PO Box |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

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| Phone: |  | Website |  |

|  |  |
| --- | --- |
| Number of days working per week |  Name of supervisor:  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge., I understand that false or misleading information in my application or interview may result in the revocation of my commuter pass purchasing privileges.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |