



Carshare Alexandria!

Reimbursement Request – Personal Account

The City of Alexandria provides a monetary incentive to encourage residents to use carsharing services available in the City. Please complete the following to request reimbursement for membership fees associated with joining Zipcar or Flexcar.

Please print

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____

E-mail Address: _____

Through Carshare Alexandria!, The City of Alexandria's Office of Transit Services and Programs will reimburse residents for annual and membership fees for **first-time memberships**. Usage fees and future member fees are not eligible for reimbursement.

Carshare company of which you are a member (circle one): Zipcar Flexcar

Membership fee paid \$ _____

Annual fee paid \$ _____

Total amount requested \$ _____

Receipt must accompany reimbursement request.

How did you learn about Carshare Alexandria!/? _____

By signing below, you agree to participate in a carsharing program in the City of Alexandria for a minimum of one year. To help us determine the effectiveness of the program, you are providing an initial survey of your travel routine with this reimbursement request and agree to complete a follow-up survey in approximately nine months.

Signature

Date