EMERALD COAST (ec) RIDER
Shuttle Service Policy

General
It is the policy of ecRider to provide service to the greatest number of riders possible in the most efficient and equitable manner possible as allowed by federal, state, and local regulations and which does not conflict with regular service. Therefore, it is in the best interests of ecRider and the general public to adhere to a uniform set of policies against which requests for temporary service will be consistently evaluated and acted upon.

Policies
1. All requests for temporary shuttle service must be made through a member organization of the Okaloosa County Transit Cooperative using the accompanying Shuttle Request Form.

2. All requests shall be presented to the Transit Cooperative no less than 120 days prior to the date for which service is requested.

3. All requests must be submitted using the Shuttle Service Request Form and must include all the requested information.

4. No Transit Cooperative member organization may sponsor more than two (2) temporary shuttle service requests within a single calendar year unless another member organization cedes a request.
EMERALD COAST (ec) RIDER
Shuttle Service Request Form

1. Name of Organization Requesting Temporary Shuttle Service:
   ______________________________________________________________

2. Requesting Organization Contact:
   ______________________________________________________________
   Name

3. Email:
   ______________________________________________________________

4. Telephone:
   ______________________________________________________________

5. Name, Title, & Signature of Transit Cooperative Sponsor:
   ______________________________________________________________
   Name
   __________________________________________________________________
   Title
   ______________________________
   Signature

6. Name of Event for Which Service is Requested:
   ______________________________________________________________

7. Date Service Requested to Begin: _____________ Date Requested Service to End: _____________

8. Please attach all of the following:
   • event itinerary and proposed hours of service and frequency of runs (ecRider will have final decision).
   • a transportation advertising plan to ensure the public is aware of the availability of shuttle service.
   • proposed route(s) including pick up (park and ride) and drop off (stop) areas and a signage plan (including event notification) for identifying pick up and drop off areas, routes, and directing vehicle and pedestrian flow.
   • traffic control plan that identifies who is responsible (ecRider will not be responsible for traffic control), which takes into consideration and identifies the resources needed to provide security, traffic flow, pedestrian flow, vehicle and pedestrian staging, tight traffic areas, and a means to communicate in real time when issues arise during the event.

Office Use Only

Date Shuttle Service Request Received: ______________________________

Request: Approved or Denied (circle one)

By (Print Name): ____________________________________________

Signature: ______________________________ Date: ________________