



# Business Leader Nomination

## ETC Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company: \_\_\_\_\_

## Business Leader Information

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email: \_\_\_\_\_

## Commute Mode(s) Used:

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Walk         | <input type="checkbox"/> Rideshare/Vanpool | <input type="checkbox"/> Compressed Work Schedule |
| <input type="checkbox"/> Carpool      | <input type="checkbox"/> Bicycle           |   |
| <input type="checkbox"/> Ride the Bus | <input type="checkbox"/> Telework          |   |

Tell us how your business leader supports you and your Commute Smart program?

*Examples could be: They provide resources including time, money, enthusiasm and commitment.*

Once completed, please send to Linda Radford at [LRadford@SpokaneCounty.org](mailto:LRadford@SpokaneCounty.org)

