



## COMMUTER USE STATEMENT CAPITAL CITY STATE TRAIL

**ATTENTION: Please complete this form and either send to  
Dane County Land & Water Resources Dept - Parks Division,  
5201 Fen Oak Drive, Room 208, Madison, WI 53718, Fax to 608-224-3745,  
or email to [dane-parks@countyofdane.com](mailto:dane-parks@countyofdane.com)**

This statement is submitted in support of an application for a commuter pass for the Capital City State Trail, subsidized by the Dane County Highway & Transportation Department.

The undersigned hereby certifies that he or she uses the Capital City State Trail primarily for transportation rather than recreational purposes, and will utilize a trail pass provided by Dane County primarily for Transportation purposes. (Transportation purposes means commuting to work, school, shopping or other necessary activities.)

I will primarily use the Capital City State Trail for commuting between the following locations:

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

***I have read the above statements and they are true and correct and submitted for the purpose of obtaining a subsidized commuter trail pass. I understand a trail permit will be mailed to me by Dane County Parks upon receipt of this form.***

\_\_\_\_\_  
Signature

NAME:		TELEPHONE:
STREET ADDRESS:		
CITY, STATE, ZIP CODE:		
E-MAIL:		
WORK SITE/SCHOOL:		
TRAIL PASS NUMBER:	ISSUED BY:	DATE: