

Amarillo City Transit

Memo

To: Amarillo City Transit Passengers
From: Judy Phelps, Transit Manager
Subject: Survey
Date: January 18, 2007

Amarillo City Transit needs your help. The Transit Department will conduct a survey from January 1, 2007 to June 1, 2007 to find out where people are getting on and off the bus, trip purpose (work, medical, shopping, etc...) and time of travel. This information is important and will help Transit Department Staff members make decisions based on the needs of all passengers. Transit Department Staff members will also use this information during the budget process.

After you complete the survey, please return it to the bus driver and they will bring them to the office or you can mail the survey to:
City of Amarillo, Transit Department, P.O. Box 1971, Amarillo, TX 79105.

If you have questions related to the survey, you may call Judy Phelps at 378-6842.

Thank you for your assistance.

Judy Phelps

| | |
|--|--|
| Name: _____ | |
| TRIP # _____ | |
| WHERE DOES YOUR TRIP BEGIN? ROUTE # | WHERE DOES YOUR TRIP END? ROUTE # |
| ADDRESS: _____ | ADDRESS: _____ |
| START TIME: _____ | END TIME: _____ |
| BUS STOP LOCATION: _____ | BUS STOP LOCATION: _____ |
| WHEN DO YOU TRAVEL? Check each day that applies | |
| <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday | |
| HOW OFTEN DO YOU MAKE THIS TRIP? | |
| <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (please specify) _____ | |
| WHERE ARE YOU GOING? | |
| <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Doctor <input type="checkbox"/> Shopping/ Food <input type="checkbox"/> Other (please describe) _____ | |
| DO YOU USE A WHEELCHAIR/WALKER? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DO YOU HAVE ANOTHER SOURCE OF TRANSPORTATION? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DO YOU EVER UTILIZE A CAB FOR TRANSPORTATION? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If you make more than one trip (for example, work and shopping) please complete one form for each trip (for example, one form for work, one for shopping, one for a doctor's appointment, etc...) | |

Name: _____

TRIP #

WHERE DOES YOUR TRIP BEGIN? ROUTE # **WHERE DOES YOUR TRIP END? ROUTE #**
ADDRESS: **ADDRESS:**

START TIME: **END TIME:**

BUS STOP LOCATION: **BUS STOP LOCATION:**

WHEN DO YOU TRAVEL? Check each day that applies
 Monday Tuesday Wednesday Thursday Friday Saturday

HOW OFTEN DO YOU MAKE THIS TRIP?
 Daily Weekly Monthly Other (please specify) _____

WHERE ARE YOU GOING?
 Work School Doctor Shopping/ Food Other (please describe) _____

DO YOU USE A WHEELCHAIR/WALKER? Yes No

DO YOU HAVE ANOTHER SOURCE OF TRANSPORTATION? Yes No

DO YOU EVER UTILIZE A CAB FOR TRANSPORTATION? Yes No

If you make more than one trip (for example, work and shopping) please complete one form for each trip (for example, one form for work, one for shopping, one for a doctor's appointment, etc...)

Name: _____

TRIP #

WHERE DOES YOUR TRIP BEGIN? ROUTE # **WHERE DOES YOUR TRIP END? ROUTE #**
ADDRESS: **ADDRESS:**

START TIME: **END TIME:**

BUS STOP LOCATION: **BUS STOP LOCATION:**

WHEN DO YOU TRAVEL? Check each day that applies
 Monday Tuesday Wednesday Thursday Friday Saturday

HOW OFTEN DO YOU MAKE THIS TRIP?
 Daily Weekly Monthly Other (please specify) _____

WHERE ARE YOU GOING?
 Work School Doctor Shopping/ Food Other (please describe) _____

DO YOU USE A WHEELCHAIR/WALKER? Yes No

DO YOU HAVE ANOTHER SOURCE OF TRANSPORTATION? Yes No

DO YOU EVER UTILIZE A CAB FOR TRANSPORTATION? Yes No

If you make more than one trip (for example, work and shopping) please complete one form for each trip (for example, one form for work, one for shopping, one for a doctor's appointment, etc...)