

UNMET TRANSIT NEEDS FORM

This form is provided to solicit unmet transit needs requests and gather public input and comments regarding current public transit services.

Please take a moment to fill out this form and return your comments to us. This form can be returned to any Calaveras Connect employee, emailed, faxed or folded, taped and mailed to:

Calaveras Council of Governments

PO Box 280

San Andreas, CA 95249

Fax: (209) 754-2096



CALAVERAS COUNCIL
of GOVERNMENTS

REQUEST FOR PUBLIC COMMENTS

UNMET TRANSIT NEEDS



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of GOVERNMENTS

Calaveras Council of Governments

PO Box 280

San Andreas CA 95249

ekelly@calacog.org

(209) 754-2094

(209) 754-2096 FAX

PLACE
STAMP
HERE

Calaveras Council of Governments

PO Box 280

San Andreas, CA 95249

REQUEST *for* PUBLIC COMMENTS UNMET TRANSIT NEEDS FORM

The Calaveras Council of Governments welcomes your comments regarding any unmet transit needs.

Date: _____

Name: _____ Telephone #: _____

Street Address: _____ City: _____ Zip Code: _____

Email: _____

1) Do you use public transit in Calaveras County? ☐ Yes ☐ No

1a) If no, what is the main reason for not using transit?

☐ Convenience

☐ Scheduling

☐ Accessibility

☐ Other _____

2) Are there places in Calaveras County you need to access but cannot? ☐ Yes ☐ No

3) If yes, please fill in the blanks in the following sentence.

I need to go from: _____ to _____

At this time of day _____, on this day _____ of the week.

For the following purpose:

☐ Work

☐ Shopping

☐ School

☐ Recreation

☐ Medical

☐ Social (e.g., visit friend/family)

☐ Other _____

4) Please indicate what individuals need the service.

☐ Older Adults (55 or older)

☐ Youth (Under 18)

☐ Students

☐ Persons with Disabilities

☐ Individuals with limited means or without access to a personal vehicle

5) Additional comments or needs (use back of form if needed):

Comments will be accepted at any Unmet Transit Needs Public Hearing, by mail, e-mail, telephone, or fax.

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PO Box 280

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Office: (209) 754-2094 Fax: (209) 754-2096

FOR STAFF USE ONLY

Received by _____ via _____

Date Received _____