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: _____

□ I give permission to share my contact information with other public and non-profit agencies that provide transportation. Contact information will only be utilized to provide information about available services or solicit additional input.

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.

Calaveras Council of Governments
444 E. Saint Charles St., Suite A
PO Box 280
San Andreas, CA 95249
tpelland@calacog.org
Office: (209) 754-2094 Fax: (209) 754-2096

FOR STAFF USE ONLY

Received by _____ via _____

Date Received _____